Preventing Youth Sexual Violence and Abuse in West Cairns and Aurukun

Establishing the scope, dimensions and dynamics of the problem

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Final Report
2 September 2013

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This research was funded by
Queensland Department of the Premier and Cabinet
Criminal Justice Research
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Acknowledgements

We are indebted to the many community members of West Cairns and Aurukun who contributed in various ways to this project. In particular we would like to thank the members of the Research Advisory Committees for their support. We very much appreciated their guidance on how the research could be conducted and reported with sensitivity and respect.

We would like to acknowledge that many members of these communities have shown great courage and trust in allowing us to uncover the problems described in this report. We know this has not been easy for them, not least because of longstanding fears that exposing these problems may lead to heavy-handed and unhelpful responses. We wish to stress that although the present work has been problem-focused, there are many people in these communities who persist in their efforts to make their communities safer, often in the face of seemingly overwhelming problems. Future efforts to solve these problems will not succeed without them. But nor can they be left to solve the problems on their own.

We would also like to acknowledge the significant contribution made by numerous researchers and other colleagues beyond the immediate project team. Everyone seems to have recognised the topic as a difficult and important one.

Finally, we would like to acknowledge the financial and in-kind support of the Queensland Department of the Premier and Cabinet (DPC) and Griffith University’s Key Centre for Ethics, Law, Justice and Governance. In particular we would like to thank (DPC) and (formerly DPC) for their encouragement and moral support.

Dedication

This report is dedicated to (1950-2013), a valued language teacher, Wik cultural advisor and friend, who provided immeasurable assistance and support to us since 2008 when our connection with Aurukun began. Sadly the gap was not closed in time for
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Cautionary note concerning the publication of this report

Aspects of this research were only made possible by the involvement and co-operation of community leaders and stakeholders in West Cairns and Aurukun. Their co-operation was based on an understanding that the information provided by local people would be used to find effective solutions to the problems as described in this report. The project team in turn gave a commitment that we would do our best to work with these communities to make them safer, especially for their children. For our part, the present research was always seen as the first phase of a longer-term project that would involve the implementation and evaluation of interventions designed to reduce the prevalence and impacts of sexual violence and abuse in these communities.

Because the focus of this work is on specific communities, it has not been possible to present the report without identifying the communities. While we have done our best to avoid presenting information that could identify individuals within these communities, we are mindful that identifying the communities themselves nevertheless presents significant risks. Publicly naming these communities, particularly in the context of the present findings concerning sexual violence and abuse, risks damaging the relationships and community commitment upon which the success of future prevention efforts so fundamentally relies. Community tensions are very real in both communities, and especially in Aurukun. Insensitive media reporting, for example, even if well-intentioned, could inflame these tensions. We fear that such attention would focus on the problems alone, and yet again the voices of those working toward a better future in these communities would not be properly heard.

We understand and support the Queensland Government’s commitment to openness and public accountability, and we are mindful that the present research was conducted with public funding. We understand that in the normal course of events the present report would and should be made available to the public. However we strongly urge caution with respect to the timing and circumstances of making this report public. We believe some delay may be warranted to allow a properly-considered government response to this report to be formulated, and perhaps for some positive outcomes to be presented. We believe we owe that to the members and leaders of these communities.
Aims and purpose of the project

The aim of the present project was to investigate the scope, dimensions and dynamics of youth sexual violence and abuse (YSVA) in two communities in Far North Queensland: West Cairns (Manoora, Mooroombool and Manunda), and Aurukun. The purpose was to establish an initial evidence base from which to develop, implement and evaluate a suite of locally tailored, evidence-informed prevention strategies to reduce the extent and impact of YSVA and related problems in these two communities.

Background

Endemic problems with YSVA in West Cairns and Aurukun first became apparent to the project team through the clinical fieldwork of Griffith Youth Forensic Service (GYFS).

Griffith Youth Forensic Service (GYFS)

Based at Griffith University in Brisbane, GYFS has been contracted by the Queensland Government (Youth Justice) continuously since 2001 to provide state-wide assessment and intervention services for court-referred youth sexual offenders and their families. GYFS has developed an innovative field-based practice model whereby practitioners travel to where the youth offender lives to conduct assessments and deliver intervention services together with local collaborative partners (see Smallbone & Rayment-McHugh, 2013; Smallbone, Rayment-McHugh, Crissman, & Shumack, 2008).

GYFS gives priority to complex, high-risk cases, and to referrals from regional and remote locations. Of the 406 youth sexual offenders referred to GYFS by the Courts since 2001, 85% resided in locations outside Brisbane. One hundred and fifteen (28%) resided in areas served by the Youth Justice Northern Region (Cairns, Townsville, Mt Isa, and Rural and Remote areas), including 81 (20%) from areas served by Cairns and Rural and Remote Youth Justice teams. One hundred and forty five (37%) of all GYFS referrals have involved Aboriginal or Torres Strait Islander youth and their families, and 39 (27%) of these resided in remote or very remote locations (as classified by the Accessibility/Remoteness Index of Australia [ARIA]).

GYFS practice model involves understanding and responding to YSVA in the context of offenders’ and victims’ natural social ecologies (i.e. their family, peer, organisational, and community systems). Clinical assessments and interventions focus on individual,
ecological (family; peer; organisational; community), and situational factors. Interventions are usually focused on the individual offender and their immediate family and peer (and often school) systems. However, from time to time assessments have identified ecological and situational problems affecting youth other than individual referred clients, indicating that further YSVA is likely to occur unless these wider problems are better understood and addressed. In some cases problems have become entrenched in the local physical and social ecology, indicating that many other young people are also at risk of sexual offending or victimisation now or in later stages of their life. Two such circumstances are the focus of the present report.

Locations of concern

*West Cairns*

Manoora, Mooroobool and Manunda are adjacent suburbs in Cairns (see Map 1). For our present purposes these three suburbs are referred to as West Cairns. The three suburbs have a combined population of 17,781¹ – a little over 10% of the 165,859 people residing within the boundaries of Cairns Regional Council [Australian Bureau of Statistics [ABS], 2013]. West Cairns comprises 8,401 dwellings in an area of 1,111 hectares. The population is ethnically diverse, with about 19% identifying as Aboriginal or Torres Strait Islander – 26% in Manoora, 14% in Mooroobool and 17% in Manunda [ABS, 2012a]. Cairns generally, and West Cairns in particular, is a hub with strong social, family and cultural links to many Cape York, Torres Strait Islands, and Pacific Islands communities.

Large parts of West Cairns were developed in the 1970s based on the American Radburn residential design. Many houses lead onto common parkland, open public space areas and laneways, with separate pedestrian and road traffic systems. The area is characterised by a labyrinth of connecting parks and backtracks that are inaccessible to passing traffic, hidden from public view, and at night poorly lit (see Maps 2 and 3, and Photographs 1 and 2). The Radburn design has been associated with crime problems in various parts of the world (Colquhoun, 2004; Nottingham City Council, 2009). In Australia, numerous Radburn-designed estates have been targeted by community

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renewal schemes, and Radburn ‘reversals’ have been undertaken in some locations in an effort to address local crime concerns (Samuels & Judd, 2005; Welch, 2009).

Map 1. West Cairns (outlined in red) within the greater Cairns area
Map 2. Satellite view of West Cairns (Manoora[1], Mooroobool[2] and Manunda[3]).

Map 3. Examples of green space and backtracks in Manoora. Green spaces are connected by pedestrian laneways and backtracks that are separated from road systems, hidden from public view, and at night poorly lit.
West Cairns has been the target of previous crime prevention programs, including the former Queensland Government’s Community and Urban Renewal Program, and the West Cairns Community Safety Patrol co-ordinated by Cairns Regional Council. General crime problems are currently the focus of the Cairns Safer Streets Taskforce. Previous programs have identified numerous crime prevention and community wellbeing goals, but have not focused specifically on the prevention of sexual crime (with the exception of improving lighting in one park identified by Cairns Regional Council as a problem location for youth sexual behaviour).

As part of its state-wide operation, GYFS has been working with referred youth sexual offenders, their families, community leaders and local service providers in West Cairns since 2002. Over time it became increasingly apparent that there was serious and pervasive peer-to-peer sexual abuse, sometimes involving physical violence, occurring in this community. These incidents generally involve young people aged 12 to 16, as well as young adults, as both offenders and victims, however the problem also extends to occasional violent sexual assaults of adult women, including local residents and tourists. YSVA in West Cairns appears to be associated with a range of other problem youth behaviours, including early school disengagement, substance misuse, general delinquency, and nonsexual violence.
Aurukun

Aurukun is an Aboriginal community situated on the west coast of Cape York - about 800 kilometres by (mostly unsealed) road from Cairns (see Map 4). The nearest town is Weipa, about 180 kilometres to the north by unsealed road. Road access to Aurukun typically becomes interrupted during the summer wet season. A commercial airline provides weekday flights from Cairns via Lockhart River (an Aboriginal community on the east coast of Cape York). The Accessibility/Remoteness Index of Australia (ARIA) rates Aurukun in the highest category of remoteness (Aurukun Shire Council, 2012).

Aurukun was established as a Presbyterian Mission in 1904 and remained under mission control until 1978, when the township and surrounding areas were approved as a local Council shire. The people of Aurukun are primarily the Wik Nations – the original inhabitants of the area – comprising five clan groups: Apalech, Winchanam, Wanam, Puutch and Chara. The majority of Aurukun residents (88% in 2011: ABS, 2012a) speak an Aboriginal Australian Language, with Wik Mungkan the primary dialect. English is generally spoken as a second language.

Aurukun has a population of 1,445 residents, about 1,330 (92%) of whom are Aboriginal (ABS, 2012a, 2013). Median age is 25, compared to 37 for the rest of Australia. Over one third (36%) of the population is aged under 18 years. The non-Aboriginal population is virtually entirely adults, most of whom are involved in government or non-government service provision. The local economy revolves around government services. Aurukun has been subject to an Alcohol Management Plan since 2003, and since 2008 the supply or possession of alcohol has been prohibited by law within the Shire boundaries. Aurukun is one of four communities participating in the Cape York Welfare Reform trial.

GYFS worked with [blank] youth sexual offenders, their families, community leaders and local service providers in Aurukun from 2008 to 2011, and then has continued to work with the community to develop plans for community-wide prevention efforts focused on YSVA and related problems. As with West Cairns, YSVA in Aurukun is linked to a range of other problem youth behaviours (e.g. substance misuse, general delinquency, and nonsexual violence). Again the problem here involves serious and pervasive peer-to-peer YSVA, but in Aurukun the problem seems to extend to the sexual abuse of younger children as well.
Method

As noted above, the aim of the project was to establish the scope, dimensions and dynamics of YSVA in West Cairns and in Aurukun. A mixed-methods approach was adopted for two main reasons. First, our conceptual and practice models are based on an ecological and situational framework whereby the causes of YSVA are understood to involve individual (offender and victim characteristics), ecological (family, peer, organisational, and neighbourhood characteristics), and situational factors (specific ‘criminogenic’ features of the physical and social environment). We therefore aimed to obtain data on offenders and victims, the family, peer, organisational and neighbourhood systems to which they are socially connected, and environmental features associated with the problem behaviour. Second, because there is no single source of data that could be used to reliably measure the extent and dynamics of the problem, we aimed to obtain data from a range of different sources. Four main sources were used: official records, case file reviews, interviews, and direct site observations.
Methods used for the present project were guided in part by consultations with local research advisory groups (see p. v). All aspects of the research were conducted in accordance with Griffith University research ethics protocol CCJ/03/12/HREC.

Official records

Queensland Police Service

We obtained data on police records of sexual offences between 2001 and 2012 (inclusive). The dataset contained a total of 2117 incidents from Cairns and Aurukun. Where available, we obtained data on the date, time, location, and type of incident, and age, gender, and ethnicity of the alleged offender and victim. Cairns data were examined separately for incidents recorded in West Cairns and other Cairns locations.

Geospatially referenced crime data (geocoded offence locations and victim/offender residences) were requested from QPS, but these were not provided. Instead, offence data were aggregated to administrative suburb boundaries. The large geographical area and low numbers of these spatial units precluded meaningful and practically relevant analyses of the spatial distributions of victimisation incidents and victim and offender residences.

Department of Justice and Attorney-General (Youth Justice)

We obtained data from Youth Justice on all finalised offences involving youth offenders in Cairns and Aurukun for the six year period 2006/07 to 2011/12 (inclusive). Fifty sexual offences, involving [redacted] offenders, were recorded over this period at the two sites: [redacted] in Cairns, and [redacted] in Aurukun. Data were obtained on offender characteristics (age; gender; ethnicity), offence type, and location.

Queensland Health

For the period 2001 to 2012, we obtained data on births to mothers aged under 20 years who were ‘usual residents’ of Cairns (1602) or Aurukun (85). For the period 2000 to 2012, we obtained data on notifications made to Queensland Health for sexually transmitted infections (STIs) in Cairns (20,604) and Aurukun (2,934). For the period 2006/07 to 2011/12, we obtained data on 219 Cairns Base Hospital Emergency Department presentations for sexual assault-related matters.
Queensland Department of Communities (Child Safety)

Data were requested on records of child sexual abuse concerns and notifications at West Cairns and Aurukun over the period 2001 to 2012. We were advised of a number of problems with data availability, namely that: 1) Child Safety data were centrally recorded only at a Service Centre level, and were not currently available in relation to the specific locations of interest for the present project; 2) the use of different data systems over time meant that data were not available for parts of the requested time periods; 3) data were recorded only according to the most serious maltreatment type, so information on Child Concern Reports and Child Safety Notifications were not available for all specific maltreatment types; and 4) only limited demographic information was available for children subject to a sexual abuse notification. The unavailability of Child Safety data has imposed a serious limitation on the present project. We are in continuing discussions with Department personnel about how relevant child maltreatment data might be obtained to inform future prevention efforts, both for targeting and evaluating specific interventions.

Case files

We obtained data from two kinds of case files: GYFS clinical files, which contained a wide range of information on referred youth sexual offenders from Cairns and Aurukun; and Family Responsibilities Commission (FRC) files, which contained detailed information on various relevant problems involving adults and families in Aurukun.

GYFS clinical files

Statistical data were collated on all youth sexual offenders residing in the study locations at the time of their referral to GYFS. Between 2002 and September 2012 GYFS received referrals from Cairns, including from West Cairns. In 2008, GYFS received referrals from Aurukun. Qualitative data relating to these Cairns and Aurukun cases were independently analysed using NVivo software. Data were obtained from GYFS clinical files in accordance with the Information Privacy Act 2009. The use of this information falls within the exception criteria outlined in IPP 10 (1) (f).
Family Responsibilities Commission case files

The Family Responsibilities Commission (FRC) is an Independent Statutory Authority established in conjunction with the Cape York Welfare Reform trial in four Cape York communities, including Aurukun. The FRC commenced operation in July 2008. It was established to support the rebuilding of community norms and socially responsible behaviour in the four communities, and to promote individual responsibility for wellbeing and positive change. It operates with a Commissioner (former Magistrate David Glasgow), a number of local Aboriginal Commissioners, a local Coordinator, and other administrative staff, to address concerns as notified by relevant agencies. Commission procedures typically involve face-to-face conferences, which aim to reach agreements about how responsibilities will be met. Referrals are made to (usually local) services as appropriate. For the purposes of the present project, FRC files concerning Aurukun community members were examined.

FRC files are compiled on all adults for whom any of four types of notices are received: School Attendance notices (children with unexplained school non-attendance for a minimum of 3 full or part days within a school term); Child Safety and Welfare notices (Child Safety notifications including Child Concern reports and finalised Child Safety investigations in relation to alleged child abuse or neglect); Magistrates Court notices (convictions in a Magistrates Court); and Housing Tenancy notices (tenancy breaches).

For the present project, data were collected from 629 FRC files concerning matters dealt with over the period July 2008 to December 2012. Four researchers coded the FRC files. Inter-rater reliability was not formally tested, however most coded information required little or no interpretation by the research team, and researchers undertook discussion with joint decision making where necessary (i.e. in relation to any information that was unclear).

A randomly selected sub-set of 70 files was additionally coded in relation to outcomes of FRC-generated referrals to various services in Aurukun. This included referrals to Financial Income Management, the Wellbeing Centre, the ‘Ending Family Violence’ Program, and the Parenting Program.
Interviews

Interviews were undertaken with local professionals, and adult and youth community members, at both sites. The purpose was to better understand local knowledge, explanations and perceptions of YSVA. A semi-structured interview format was used, focusing on three main themes:

1. The extent to which YSVA is a problem in the community, and where, when and how it occurs,
2. Individual attitudes, values and beliefs that may facilitate YSVA or keep it hidden, or that protect individuals from YSVA offending or victimisation, and,
3. Peer, family and neighbourhood factors that protect people from YSVA, or that increase the risk of YSVA offending or victimisation.

Interview participants were initially identified either through the researchers’ existing professional and community networks or via research advisory group members, and subsequently through a snowball sampling approach whereby individual interviewees identified other potential participants. Interviews were conducted by two research staff, both of whom were registered psychologists experienced in clinical interviews within the sexual violence and abuse field. Interview responses were recorded by one of the researchers during the interview, and were later transcribed by research assistants for the purpose of qualitative analysis. Interviews averaged one hour in duration.

A total of 21 interviews were completed: 11 in West Cairns and 10 in Aurukun.
A research assistant with no previous knowledge of the project analysed interview transcripts using NVivo qualitative data analysis package.

Site observations

Direct site observations were undertaken to obtain systematic social observation data on youth routine activities and to record features of the social and physical environment at the two sites of interest. An observational checklist was developed to guide the documentation of observations, adapted from previous observational research for the purposes of the present project. The checklist targeted two types of features:

1. Youth routine activities (presence, movements and activities of young people at various times of the day/night and across different days of the week), and
2. Formal and informal guardianship, and formal and natural surveillance (number of pedestrians/vehicles, police presence, visible or active guardians, CCTV, street lighting, general visibility).

Between June and December 2012, 454 × 6 minute observations were undertaken at 13 specific locations in West Cairns.

These locations were either recommended by Cairns research advisory group members as places of concern (sites 1, 4, 6, 7, 8, 10, & 13), or were randomly selected by the research team as comparison locations (sites 2, 3, 5, 9, 11, & 12). Observations were undertaken across all hours of the day and all days of the week.

 Undertaking direct observations at Aurukun proved more problematic, mainly because it was more difficult to do so unobtrusively. Also, we did not undertake any night-time observations at Aurukun due to safety concerns. A total of 46 × 6 minute observations were completed in Aurukun during daylight hours between July and September 2012. These observations were undertaken at 9 separate locations (see Map.
These locations were chosen based on the field knowledge of the research team as potential problem locations. Observations in Aurukun were generally undertaken while driving or walking through the defined areas.

All observations were undertaken in pairs. Inter-rater reliability was good across all observations at all sites (intra-class correlations ranged from .71 to .90). An independent researcher (not involved in conducting observations) undertook the quantitative analysis of the observational data using SPSS.

Map 5. Observation locations in West Cairns. Circles indicate static observation sites; for sites 6, 10 and 13, observations were undertaken while walking along the defined area.

Map source: Cairns Regional Council.

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2 Cairns Regional Council does not guarantee the accuracy, reliability or completeness of map data nor does it take responsibility for any loss, damage or costs relating to its use.
Results

Results are set out first for West Cairns, and then separately for Aurukun. For each location, results are organised according to the relevant sources of data: official records, case file reviews, interviews, and site observations. General summaries of findings are presented for each of the two sites.

West Cairns

Reported sexual offences

Over the 12-year period 2001-2012 (inclusive), Queensland Police recorded 2,014 sexual offences in Cairns. In 25\% (501) of these cases the incident occurred in West Cairns. Note that these figures represent reported incidents, not necessarily individual offenders.

The rate of sexual offences in West Cairns translates to an annual population rate of
233 per 100,000\(^3\). By comparison, the annual population rate for the remainder of Cairns was 97 per 100,000\(^4\), slightly below the Queensland-wide figure of 105 per 100,000 in 2011/12 (Queensland Police Service, 2012). Averaged over the last 12 years, the rate of reported sexual offences in West Cairns was 2.2 times higher than for Queensland generally, and 2.4 times higher than for the rest of Cairns.

Looking in more detail at the sexual offences in West Cairns, offender ages ranged from 10 to 83 years (Mean = 30.9 years). Almost all (98%) were male, and 61% were Aboriginal or Torres Strait Islander persons. About one in four (24%) involved youth as offenders – a rate similar to that more generally for Queensland. This indicates that the rate of over-representation of sexual offences in West Cairns is similar for both adult and youth offenders. Controlling for the proportion of its Indigenous residents (19%), the rate of sexual offending in West Cairns by Indigenous persons was more than six times higher than for non-Indigenous persons.

Victim ages ranged from 0 to 75 years (Mean = 16.9 years), with 72% under 17 years. Most (87%) were female, and 40% were Indigenous. This latter figure is likely to underestimate the real extent of sexual victimisation experienced by Indigenous women and children due to proportionally lower reporting by these groups (see e.g. Taylor & Putt, 2007).

Figure 1 shows trends for sexual offences in West Cairns by day of week, where this information was known\(^5\). This shows a significant peak on Saturdays, with a second smaller peak on Tuesdays.

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\(^3\) Data from 2006 Census used (adjusted for net undercount) to estimate mean population across 2001-2012 data period due to lack of annual data (ABS, 2007, 2012b).

\(^4\) Population data used throughout this report to calculate annual population rates for Cairns, Aurukun and Queensland are based on average Estimated Resident Populations (ERPs) across the specified period (accessed from ABS datasets).

\(^5\) Definitive offence date reported for 221 incidents (44% of a total 501 events).
Hospital presentations for sexual assaults

Over the six-year period 2006/07 to 2011/12 (inclusive), Cairns Base Hospital recorded 219 Emergency Department presentations involving sexual assault. Most (95%) of these patients were female, and 30% were Indigenous. Forty-four cases (20%) involved children aged under 16 years, including 15 children aged under 10 years. An additional 46 cases (21%) involved persons aged between 16 and 19 years. Thus nearly half of all presentations for sexual assault (41%) involved persons aged under 20. The most common days for hospital presentation for these sexual assault matters were Friday to Sunday, with peak times in the early mornings (around 5am).

Births to young mothers

Between January 2001 and June 2012 there were 530 births to mothers under age 18 who resided in the Cairns region, including 84 births to mothers aged 13 to 15 years. Almost half (46%) of new mothers under the age of 20 in the Cairns region were Aboriginal or Torres Strait Islander persons.

Notifications for sexually transmitted infections

Several sexually transmitted infections (STIs) are notifiable diseases that must be reported to state and territory health authorities\(^6\). Between 1 January 2000 and 30 June 2012, a total of 20,604 STI notifications were made in the Cairns region. This equates to an annual population rate in Cairns of 1,129 STI notifications per 100,000 people - 3.3 times the Queensland-wide rate (averaged over the 2000-2012 period) of 346 STI notifications per 100,000\(^7\). Over one quarter (26%) of Cairns-based STI notifications were for people under age 20, including more than 1000 cases involving young people under 16 years of age. A small proportion, but significant number, of notifications (0.4%, or 82 cases) involved children under 10 years. Over half (59%) of notifications were for females, and Aboriginal or Torres Strait Islander persons accounted for 58% of all STI notifications. Rates of gonorrhoea and syphilis were elevated in the Cairns region (23% and 20% of all STI notifications, respectively) compared to Queensland generally (12% and 3% of all STI notifications, respectively).

\(^6\) Data includes the following notifiable STIs: Chlamydia, Donovanosis, Gonorrhoea, HIV and Syphilis.

Finalised sexual offences involving youth offenders

Data were obtained on finalised sexual offence cases involving youth offenders (under 18 years) in Cairns for the six-year period 2006/07 to 2011/12 (inclusive). Over this period there were 20 detected youth sexual offenders, who were responsible for a total of 42 proven sexual offences.

Although the population of West Cairns comprises only 10% of the total Cairns population, more than half of these youth sexual offenders (n = 11; 55%) were from West Cairns. This is a rate of over-representation of about five times. The profile of offenders and offending in West Cairns was also different to other Cairns areas. Youth from West Cairns were more likely to be Indigenous (81% versus 56%), and their sexual offences were more serious –

GYFS clinical cases

Since 2001 GYFS has received court referrals concerning 34 young people from Cairns; 19 of these (56%) were from West Cairns. Victim ages ranged from 3 to 56 years, with 77% of the sexual offences involving peer-aged or adult victims. In 28% of incidents the offender and victim were unknown to one another – a rate of stranger-victim offending more than four times that of GYFS cases more generally. In 38% of cases the sexual offence occurred in a public location (e.g. park; street) – a rate more than three times that of GYFS cases generally. Sexual penetration of some kind occurred in 42% of cases, and actual violence was used in 37% of cases. In a small number of cases the victim sustained life-threatening injuries.

An independent thematic analysis of the 34 GYFS case files concerning Cairns youth indicated that these young people tended to be highly sexually active, beginning at an early age. They typically had multiple sex partners, and their sexual attitudes involved strong themes of male sexual entitlement and dominance. They tended to associate with peer groups for whom under-age sex was normalised, and they lacked knowledge of, and concern about, laws concerning sexual behaviour. Pornography use was widespread. Many of the youth were disengaged from school, had strong affiliations with antisocial peers, and engaged in frequent substance misuse and violence. Their
families were characterised by parental substance misuse, absent fathers, family
violence, familial sexual abuse, and lack of parental supervision.

 Interviews

Interviews were completed in West Cairns with [ ] community-engaged
professionals and [ ] community members [ ].
Themes associated with five domains – community problems; family problems; peer
concerns; youth sexual behaviour; and barriers to reporting sexual victimisation – are
reported below. Within each of these domains, problems are noted in descending order
of concern (i.e. beginning with the most often-mentioned and concerning problems).

Key themes concerning community-level problems were:

- Violence, particularly family violence and fighting on the streets and in parks
- Alcohol and other substance abuse (especially cannabis and inhalants)
- A disturbing frequency of rape and sexual assault (e.g. group rapes; rapes of
intoxicated girls);
- Girls trading sex for money. Information was obtained concerning street
prostitution, sometimes involving under-age girls (see Textbox 1);
- Community-wide reluctance to intervene in problem incidents, due
mainly to fears of personal safety both immediately (e.g. from
offenders themselves) and in the longer term (e.g. through family-
based or ethnically-based reprisals);
- A long list of unsafe places was mentioned, including:
A list of safe places included Raintrees Shopping Centre, YETI, Youthlink, St Margarets, Centennial Lodge, Reservoir Road, and Swallow Street. In general, day time is considered much safer than night time.

Key themes concerning family-level problems were:

- A high prevalence and incidence of family violence
- Local youth not respecting or being controlled by parents or community elders
- Lack of adult monitoring and supervision. Many youth were said to be ‘out all night’, with parents often unconcerned about their whereabouts. If a youth does not return home at night, parents/caretakers sometimes simply assume they are staying with relatives or friends and tend not to check whether this is the case.
- A high prevalence of absent fathers.

Themes concerning peer-level problems were:

- Youth gathering in cultural groups, and associated tensions and conflict between groups;
- The presence and behaviour of youth gangs (see Textbox 2).

Themes concerning youth sexual behaviour were:

- Attitudes among boys of male sexual entitlement and dominance;
- Disrespectful attitudes toward females, and girls in particular;
- Early involvement in sexual behaviour, a high prevalence and incidence of casual sexual encounters, and the widespread use of public places for sex
- High rates of STIs.

Textbox 2. Youth gangs in West Cairns
Local girls do not have a clear understanding about sexual consent, and do not feel they have a right to say ‘no’. Neither boys nor girls have a clear sense of what ‘rape’ means (see Textbox 3).

Themes concerning barriers to reporting sexual victimisation were:

- Pervasive fear of police (it was said that for many young people in West Cairns their only direct encounters with police have been negative – for example being present when an adult family member was arrested);
- Fears about a lack of confidentiality from some services (due mainly to the extended family and kinship networks to which most local youth are connected);
- A culture of victim-blaming.

**Textbox 3. ‘Rough sex’ in West Cairns**

*Site observations*

The following findings are based on 454 × 6 minute structured observations, recorded at various times of day and various days of the week, at 13 separate locations in West Cairns.

The majority of persons observed were adults. However, across all observations an estimated total of 578 individual youth (10-17 years) and 312 children (under 10 years) were observed. Note that these are not necessarily separate individuals (many will have been observed more than once). Apart from adults, the most commonly observed groups were Indigenous male youth, followed by Indigenous female youth, Indigenous female children, Indigenous male children, and non-Indigenous male youth. Non-Indigenous female youth were very infrequently observed, as were non-Indigenous children. Table 1 shows types of youth activities recorded across all 13 observation sites. Because visibility in many areas was very low, particularly at night, documented
observations should be considered an under-estimate of the level and types of youth activities.

Alcohol consumption was observed at 11 of the 13 sites, with intoxicated behaviour observed at nine sites. Fighting/arguing was observed at four sites, and drug use at two sites. Sexual behaviour (e.g. girls offering themselves sexually to male youth) was directly observed at two sites:

Table 1. Types of youth risk activities observed by location in West Cairns.

<table>
<thead>
<tr>
<th>Cairns Location</th>
<th>Alcohol Consumption</th>
<th>Intoxication</th>
<th>Drug Use</th>
<th>Fighting/Arguing</th>
<th>Sexual Behaviour</th>
</tr>
</thead>
<tbody>
<tr>
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<td>×</td>
<td>×</td>
<td>×</td>
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<td>✓</td>
</tr>
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<td>✓</td>
<td>×</td>
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</tr>
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<td>×</td>
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</tr>
<tr>
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<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>×</td>
<td>×</td>
</tr>
</tbody>
</table>

✓ = yes  × = no  Shaded rows indicate three or more types of risky activity observed at the location.
Alcohol consumption was observed across all time periods, but most often between 6pm and midnight. Night-time on Saturdays was the most common time for alcohol consumption, followed by day-time on Thursdays. Day-time on Thursdays was also the most common time for drug-use, followed by night-time on Wednesdays. Public intoxication was most commonly observed during the day on Thursdays and at night on Saturdays.

Vehicle and pedestrian traffic was highest during daylight hours (6am to 6pm), with the highest number of pedestrians and potential guardians (usually local adults) observed between noon and 6pm, dropping significantly after 6pm. Police presence was low across all 13 observation sites. Police presence was highest between midnight and 6am, and lowest between noon and 6pm and between 6pm and midnight (when youth activity was highest).

The period 6pm to midnight was identified as both a youth activity “hot time”, and a guardianship “cool time”. That is to say, during these time periods youth were most likely to be congregating in public places and engaging in high risk activities (hot time), and the presence of potential interveners such as local adults or police was most likely to be absent (cool time). Field researchers noted that even when youth were aware of being observed they did little to conceal their illegal or inappropriate activities, suggesting that they have come to expect that no-one is likely to intervene.

In these same time periods (6pm to midnight) significantly more Indigenous than non-Indigenous youth were present at the observation sites.

Six of the 13 locations were identified as high risk based on the types of activities observed (drinking; drug use; intoxication; fighting/arguing; and/or sexual behaviour). Eight locations were identified as high risk on the basis of low natural guardianship (e.g. out of sight of houses or passers-by) and low formal surveillance (e.g. no CCTV and no police presence). Six locations were identified as ‘hot spots’, based on combinations of the above factors (see Map 7). These were:
These site observations do not allow conclusions to be drawn about offending and victimisation associated with youth movements outside of West Cairns. The absence of geospatially-referenced data from QPS precluded our investigation of offending and victimisation involving West Cairns youth outside of this location.

Summary: West Cairns

Police data show that the rate of reported sexual offences in West Cairns over the last 12 years was 2.2 times higher than the present Queensland average. About one in four of these sexual offences involved a young person (under 18 years) as the alleged offender. Thus, of the 501 sexual offence incidents alleged to have occurred in West Cairns over the last 12 years, we would expect approximately 120 to have involved youth offenders\(^9\). In the last five years, only 22 sexual offences\(^8\).

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\(^8\) See Footnote 2.

\(^9\) Given that not all alleged sexual offenders were identified, the estimated number of youth sexual offenders was calculated based on proportion of identified offenders who were youths (24%) multiplied by total number of reported offences.
from West Cairns were finalised in the courts. This suggests a wide gap between reported and finalised cases involving youth sexual offenders.

Of those cases that do lead to court outcomes, youth sexual offending in West Cairns appears to involve a much higher than usual incidence of stranger-victim offending, a higher incidence of offending in public locations, and a higher level of severity. It is not clear whether these features also characterise unreported cases, or whether there is a higher severity threshold in West Cairns for the reporting of sexual offences. We suspect the latter is at least partially the case.

These official data undoubtedly represent the proverbial ‘tip of the iceberg’. While much of the actual sexual victimisation in and around West Cairns almost certainly goes undetected and unreported, our findings suggest that Indigenous women and girls are even less likely than their non-Indigenous counterparts to report sexual victimisation, and much less likely to seek hospital care following a sexual assault.

Elevated rates of STI notifications in Cairns indicate general sexual health problems in the region, particularly for Indigenous residents. While much of this wider problem may not be of direct relevance to our present concern about YSVA, STI figures do reveal significant (albeit proportionally small) numbers of cases affecting children and young people.

Our interviews with local professionals and community members paint a bleak picture, particularly for Indigenous girls and young women in West Cairns. Of special concern are comments about a disturbing prevalence of group rapes, rapes of intoxicated girls, girls drawn into under-age sex through ordinary peer associations, the demeaning of girls who do appear as willing sex partners, and girls and young women trading sex for money on the streets. These problems are compounded by a local context where many places in and around West Cairns are considered by locals to be unsafe (particularly at night), and where there is a high prevalence of school disengagement, low levels of family supervision, a deep reluctance in the community to directly intervene in problem behaviours, a pervasive fear of police among West Cairns youth, and concerns about the safety of bringing sexual problems to the attention even of some local community agencies.

The physical environment in West Cairns may itself be part of the problem. Much of the concerning behaviour involving local youth occurs in public places that are hidden from public view, difficult to access for police or other guardians, and provide ready
escape routes if anyone were to try to intervene. Findings from our direct site observations converge somewhat with the observations of locals themselves, pointing to specific problem locations and times.

Aurukun

Reported sexual offences

Over the 12-year period 2001 to 2012 (inclusive), there were 103 sexual offences recorded by police in Aurukun. This translates to an average annual population rate of 690 per 100,000 – 6.6 times higher than for Queensland as a whole, and three times higher than for West Cairns.

Offender ages ranged from 10 to 53 years (Mean = 20.5 years). All were Indigenous, 89% were male, and 43% were aged under 17 years – a proportion of youth sexual offending about twice that found elsewhere in Queensland. Victim ages ranged from 4 to 44 years (mean = 14.1 years). Most victims (85%) were aged under 17 years, 71% were female, and 94% were Indigenous.

Births to young mothers

Between January 2001 and June 2012, there were 44 births to mothers aged under 18 years, including to mothers aged under 16.

Notifications for sexually transmitted infections

Between 1 January 2000 and 30 June 2012, a total of 2,934 STI notifications were made in Aurukun. This equates to an average annual population rate in Aurukun of 19,288 STI notifications per 100,000 people. This rate is 17 times the average annual population rate for STI notifications in Cairns (1,129 per 100,000) and an alarming 56 times the Queensland rate (346 per 100,000). Seven per cent of notifications (205 cases) were for young people under 16 years of age, including 29 cases for children under 10. The most common STI notification type in Aurukun was syphilis, accounting for 59% of all STI notifications. This is a much higher proportion for syphilis notifications than is the case in Cairns and more generally in Queensland (20% and 3% of all STI notifications, respectively).

10 See Footnote 6.
11 See Footnote 7.
Finalised sexual offences involving youth offenders

concerns about endemic problems with YSVA in this community.

GYFS clinical cases

In 2008, GYFS received referrals concerning [ ] from Aurukun. In 2009, a [ ] referral was received concerning a young person from Aurukun [ ].

This section deals only with [ ] young people who committed sexual offences in Aurukun.

Initial clinical assessments highlighted problems concerning lack of adult supervision [ ], substance misuse (particularly alcohol and cannabis), poor knowledge of sexual health and sexual boundary issues, and peer norms concerning the acceptability of under-age sex (often from as young as 10 years).

Analysis of clinical files identified the following themes. Youth heterosocial peer relationships in Aurukun are often based on sexual contact, rather than friendship or romantic attachments. Casual sex is very common and highly organised (e.g. often involving messages delivered by third parties), but dating behaviour is largely absent. Most children in the community appear to have become sexually involved, usually with peers and adolescents but also sometimes with adults, by age 10-12. Much of this involves varying degrees of peer pressure, coercion, and sexual teasing. Some incidents involve serious violence, including with weapons and other objects. ‘Sexualised’ behaviours are common in children, including self-insertion of objects and precocious and flirtatious behaviour directed at others. Girls are viewed by boys as providers of sex and domestic services, and girls tend to be resigned to these roles. There is a very high prevalence of general delinquent/antisocial behaviour among Aurukun youth.

FRC case files

FRC case files contained information on 629 adults, covering the period from July 2008 to December 2012. These files related to 432 family groups, including 195 family groups with a total of 556 dependent children. Findings are reported according to three
domains of interest: Child Safety and Welfare notices; matters relating specifically to sexual violence and abuse; and FRC referrals to local services.

Three hundred and five (305) Child Safety and Welfare notices were documented in the FRC files\(^\text{12}\). These related to 473 separate children. FRC data indicate a significant decrease in Child Safety notices over the past four years (i.e. 201 notices in 2008/09, reducing to 49 in 2011/12), though it is unclear whether this is indicative of a lower prevalence of child protection matters or other changes (e.g. notification practices).

Looking at the FRC Child Safety notices in more detail, 127 listed family violence as a primary concern. In almost half of these cases a weapon had been used in the assault. In about one third, a child or children had either directly witnessed the violence or were in close proximity to it. In almost one quarter of cases, a caregiver had sustained moderate to severe injuries.

Ninety-two notices listed neglect or physical abuse as the primary concern, of which 42 (46%) related to children in need of basic medical care, and 14 (15%) related to direct physical abuse of a child.

**Fifteen notices involved perinatal health concerns.**

With respect specifically to sexual violence and abuse, 44 Child Safety notices identified sexual violence or abuse as the primary concern, and a further 12 as a secondary concern. These 56 cases revealing the following statistics:

- involved a child (under 18 years) as the perpetrator
- involved a child (under 16 years) as the victim
- involved concerns about under-age sexual activity
- involved concerns about a young person contracting a sexually transmitted infection.

Examples of concerning youth sexual behaviour noted in the FRC files include anal penetration of other children with fingers and objects (most common), touching

\(^{12}\) In this FRC file review, Child Safety notices that related to more than one child were still counted as one notice. According to FRC Annual Report data, which takes into account the number of children included in each notice, there were 510 individual Child Safety notices in Aurukun between July 2008 and July 2012.
genitals of other children, exposure of genitals, under-age sex, sexual threats, and the sexual assault of a teacher.

Of all biological mothers identified in the FRC files, 41 (almost one quarter) had given birth prior to their 18th birthday. Of all biological fathers, 14 (12%) were under the age of 18. Youth paternity in Aurukun may be underestimated, given the uncertainty of establishing the identity of fathers.

Many Child Safety notices also contained information about actions taken to protect the children at the time of the notification. Overall, the information suggests that in cases where someone responded in order to cease or address the harm or potential harm to the child, it was primarily family members or professionals who intervened, and less likely to have been other community members. We were advised that community members are generally hesitant to intervene in matters concerning other family groups as this can trigger inter-family fighting. For example, in Child Safety notifications where the primary concern was domestic violence between caregivers (n=127), 81 (64%) involved some form of intervention by a third party. Of these, 47 (58%) involved intervention by police, 44 (54%) involved either direct or indirect intervention by a parent, caregiver or other family member, and only 14 (17%) involved intervention by other community members. Intervention by other community members was more likely to occur in circumstances where severe violence was being perpetrated against a caregiver in a public place.

In cases where sexual abuse or other sexual behaviours were the primary concern (n=44), 18 (41%) involved intervention by a third party.

Additionally, in cases where child maltreatment or neglect was the primary concern (n=92), 48% involved some kind of intervention by parents, caregivers, and/or other family members, whereas less than one quarter of cases involved interventions by health care professionals, school staff/attendance officers, police, other community or local service providers.

The FRC relies on referring its clients to local services to follow up on identified concerns. In all, 389 referrals were made to Financial Income Management; 389 to the Wellbeing Centre; 207 to the ‘Ending Family Violence’ Program; and 100 to a Parenting
Program. We randomly selected 70 files (11%) to examine referral outcomes. In these cases, almost half (49%) of the persons referred to the Wellbeing Centre did not attend any appointments, and no-one attended the ‘Ending Family Violence’ program. It is unclear the extent to which these poor attendance figures reflect lack of interest or concern by referred persons, poor engagement by treatment providers, or service provision that is not properly matched to local needs and circumstances. Local observations and reports suggest the latter is certainly a problem in Aurukun. It is also noteworthy that specialist services to address some of the key problems facing the Aurukun community (e.g. sexual victimisation, child sexual behaviour, domestic violence) are not currently available.

Interviews

Interviews were completed in Aurukun with [number] community-engaged professionals, and [number] community members. As with the interviews in West Cairns, themes associated with five domains – community problems; family problems; peer concerns; youth sexual behaviour; and barriers to reporting sexual victimisation - are reported below. Within each of these domains problems are noted in descending order of concern (i.e. beginning with the most often-mentioned and concerning problems).

Themes concerning community-level problems were:

- Community violence, including frequent public arguing and fighting, sometimes involving several hundred people;
- Problematic youth sexual behaviour, including sexual violence, anal penetration, masturbation in public toilets and at school, inappropriate touching of teachers, under-age sexual activity, and coercive sexual behaviour;
- Girls feeling they have no right to say ‘no’ to sex;
- Alcohol-related problems, having reduced markedly but still present since the alcohol ban was implemented;
- Loss of traditional social controls, especially the traditional separation of pubescent boys and girls, and Bora (initiation) ceremonies signalling sexual and social maturity (see Textbox 4);
• Lack of community guardianship (see Textbox 5);

Unsafe places were said to include

• Safe places were said to include the homes of extended family members, the day care service, the women’s shelter, and the ‘circles’ (a residential area adjacent to the airport).

Themes concerning family-level problems included:

• Family violence is so prevalent that it has become an accepted (or at least expected) part of family life;

• Babies and toddlers are usually attended to closely, but by the time they reach school age children are considered old enough to ‘do their own thing’;

• There is not a necessary connection between the roles of giving birth and child-rearing – people other than the birth mother or biological father (usually grandmothers) are often left with the responsibility of child care;

• Children, youth and adults experience no consequences for misbehaviour;

• Youth aren’t listening to their parents/elders;

Textbox 4. Loss of traditional social controls over youth sexual behaviour

“Before mission days boys and girls were together for a while but the boys were later taken away for a men’s ceremony. The boys were taught ... how to dance, and learn to be responsible men, husbands and fathers. The older women would take the girls to a different place ... and they were taught to weave, sing, dance, how to be a mother and how to be responsible – this is called Bora school. Now no-one teaches the kids.”

Textbox 5. Limited community guardianship

Examples of comments from professionals included:

“People have an idea about guardianship but struggle to look after each other,” “I believe there is family guardianship but haven’t witnessed much community guardianship,” and, “Community guardianship is virtually non-existent that I can see.” Comments were also made about periods of time when community guardianship was at its lowest; “Community guardianship is not evident at all when there is grog in town, old ladies will be beaten up and no one will intervene.”

There are clearly a number of barriers to community guardianship – for example local advice is that people are not allowed to intervene in another family’s issues, as this would cause fighting between families.
• Children often witness adults having sex, due to domestic over-crowding and lack of private spaces.

Peer-level problems included:
• Children and youth are ‘nocturnal’ (out all night), with no adult monitoring or supervision;
• Youth delinquency and violence is commonplace. Breaking/entering and stealing is common, sometimes to relieve boredom or sometimes simply because young people are looking for something to eat. Violence is often triggered by sexual jealousies;
• Younger children and older youth are often out together, and this provides a mechanism for the younger children to be inculcated into the culture of youth delinquency and violence.

Concerns specifically about youth sexual behaviour included:
• Children were said to become sexually active “too young”, and under-age sex is seen as normal;
• Themes of male entitlement and dominance - girls can’t say ‘no’ to sex, or to types of sex (see Textbox 6);
• of the professional and of the community member interviewees raised concerns about older men in sexual and domestic relationships with under-age girls
• Concerning sexualised behaviours occurring within the school environment (e.g. sexual threats, sexual assault in classrooms and toilets);
• A high prevalence and incidence of casual sex among youth;
• No courtship or ‘dating’ behaviour among youth;
• Girls are seen by boys as either ‘good girls’ or ‘girls that have sex’;
• While there are widespread community concerns about teenage pregnancies, once young girls become pregnant they are conferred a special positive status in
the community. Teenage pregnancies are inadvertently rewarded both socially and financially;

- A high prevalence of STIs;
- Limited access to sex education.

With respect to barriers for reporting sexual violence and abuse, key themes were:

- A professional and community culture of victim blaming;
- Fear of retribution;
- Fear of the police;
- Perceived lack of consistency in police responses.

*Site observations*

As indicated in the method section, organising direct observations in Aurukun proved problematic. No night-time observations were undertaken due to safety concerns. The following findings are based on $46 \times 6$ minute day-time observations across 9 sites (see Map 8).

*Map 8. Risk locations in Aurukun, graded by type of risk observed*
As was the case in West Cairns, the most frequently observed persons were male and female adults, followed by male and female youth (10-17 years). Where children under 10 years were observed, males were observed more frequently than females.

Figure 2 shows numbers of male and female children (under 10 years) observed without adult supervision, across all public locations, by time of day. This shows that boys are much more likely than girls to be in public without adult supervision, particularly in the period from noon to 3pm.

Across the 46 observation periods, we observed three incidents of public intoxication, three ‘gambling circles’, and one incident of public fighting. No incidents of alcohol or drug use, and no incidents of sexual behaviour, were directly observed.

Five of the nine locations were identified as those most frequented by youth:

We believe these limited observations do not adequately represent the observations made by members of our project team over the five years they have been working in this community. During most of our visits to Aurukun some form of public violence has been observed. This has on occasion included large public fights attended by up to 100 community members, domestic violence occurring in public locations, and people armed with weapons (e.g. tomahawks, knives, wooden palings). Gambling circles have
also been regularly observed. On one occasion in September 2012 we drove around the community over a ten-minute period and recorded 8 separate gambling circles, attended by 63 individuals.

Summary: Aurukun

The rate of sexual offences reported to police in Aurukun over the last 12 years was three times higher than in West Cairns, and 6.6 times the present Queensland average. Nearly half (43%) involved a young person (under 18 years) as the alleged offender – a rate of over-representation of youth as offenders about twice that found elsewhere in Queensland. In the last five years, only eight sexual offences from Aurukun were finalised in the courts. This suggests a similarly wide gap between reported and finalised cases to that observed in West Cairns.

Compared to West Cairns, official records of sexual offences in Aurukun appear to represent an even smaller ‘tip’ of an even larger ‘iceberg’. There is no question that almost all of the actual sexual violence and abuse in Aurukun, including YSVA, continues to go undetected and unreported, and is therefore not responded to in any helpful way. Indeed it is likely that one of the key drivers of the problem is its ‘normalisation’, particularly among young people, but often also among community members and even some relevant service providers.
STI rates in Aurukun indicate pervasive sexual health problems, with more than 230 cases over the last 12 years affecting children aged under 16 years. It is not clear the extent to which these problems are associated specifically with YSVA. Nevertheless, we are advised that STIs pose serious health risks for youth, and these risks are exacerbated if the diseases are left untreated. For example, long-term untreated cases of syphilis can lead to neurological and cardiac problems, reduced fertility, and even death.

Interviews with local professionals and community members in Aurukun painted a perhaps even-more-disturbing picture than is the case in West Cairns. The picture is one of severe breakdown of individual and social controls over problematic behaviour, including YSVA, together with a service system that is adequately resourced but poorly targeted and unresponsive to real local needs and concerns.

It was the information in the Family Responsibilities Commission files that shed most light on the usually-otherwise-hidden problems in Aurukun. Since it began operation in 2008, the FRC has compiled files on almost every Aboriginal adult community member in Aurukun. The range and extent of problems documented in these files is perhaps shocking by general community standards. With respect to our central concern about YSVA, concerns about sexual behaviour problems were documented in relation to 66 separate children, with examples of concerning behaviours including under-age sex, anal penetration of other children with fingers and objects, touching genitals of other children, exposure of genitals, sexual threats, and even the sexual assault of a teacher. These and other related problems occur in the wider context of community, family and interpersonal violence, corrupted social and sexual norms, and severe breakdowns in community and family guardianship.

**What can be done?**

The purpose of the present project was not just to describe problems with YSVA in West Cairns and Aurukun, but to begin a systematic process of developing, implementing, and evaluating a suite of evidence-informed interventions to reduce the extent and impacts of these problems. Ours is certainly not the first report to draw attention to serious problems with sexual violence and abuse in Australian Indigenous communities, but we believe it to be the first to present these problems together with a well-developed, securely-funded plan to respond effectively to them.
In June 2013 we were awarded an *Indigenous Justice Program* (IJP) grant to develop, implement and evaluate a suite of locally-tailored interventions to address the problems outlined in the present report. The IJP is a national competitive grant scheme administered by the Australian Government Attorney General’s Department. Its objectives are to increase community safety for Indigenous Australians, and thereby to reduce Indigenous people’s over-representation in criminal justice and related systems, as both offenders and victims. Together with contributions from Queensland Department of the Premier and Cabinet and from Griffith University, the IJP grant provides approximately $2.3 million over the next three years (to June 2016) for this purpose.

This new project brings a team of leading researchers and practitioners\(^\text{13}\) together with local community members, local non-government organisations, local councils, and key state and commonwealth government agencies, in a focused effort to redress identified problems. The project will draw on public health and crime prevention concepts and methods, and will be guided by ‘realist’ evaluation principles whereby interventions aim to address the questions: “what works for whom, in what circumstances and in what respects, and how?” Evaluations will be reported for each distinct intervention activity, as well as for the prevention model itself. Beyond its local effects, the project aims to generate new knowledge about YSVA and its causes, contribute to the evidence base on ‘what works to prevent crime’, and facilitate the transfer of this knowledge and expertise to other sites in Australia and internationally.

**Conceptual framework**

The problems outlined in this report are complex and multifaceted. For practical purposes, larger problems need to be broken down into smaller, more specific problems for which specific evidence-informed interventions can be devised. These will in turn need to be prioritised according to feasibility and potential impact.

Our approach is based on a comprehensive sexual abuse prevention model developed by Smallbone, Marshall, and Wortley (2008), which draws primarily on public health and crime prevention concepts and methods. The framework is similar to

\(^{13}\) The project team includes practitioners and researchers from Griffith University, as well as two leading crime prevention experts from the Department of Security and Crime Science, University College London, and a leading sexual abuse prevention expert from the Lucy Faithful Foundation, UK.
the so-called *Haddon matrix* that has long been used to focus public health efforts on various complex social problems (e.g. traffic safety; injury prevention). Our model essentially involves four prevention targets - (potential) offenders, (potential) victims, situations, and communities – across three levels of prevention (primary, secondary, and tertiary prevention). This produces a 12-point matrix (four targets × three prevention levels). Tables 2 and 3 set out the matrices, together with examples of the kinds of prevention strategies that might be considered, for West Cairns and Aurukun respectively.

What follows in the next section is not a set of specific recommendations for action, but rather is a wide-ranging discussion of possibilities for addressing various aspects of the identified problems. These possibilities are informed by our present understanding of the dimensions and dynamics of the problems at the two sites, organised in accordance with the prevention model as described above. Moving forward will require close and sustained community engagement to ensure that selected interventions are properly prioritised, and that the design, implementation and evaluation of selected interventions are tailored to the specific local context.

**Prevention strategies: West Cairns**

*(Potential) offenders*

While it is of course essential to prevent further YSVA offending by known or presently-active offenders, this alone will not solve the problem that other young people who have not yet committed such offences will do so in the future. A comprehensive prevention approach must involve efforts to prevent YSVA before it would otherwise occur (primary and secondary prevention), as well as dealing effectively with the problem after it has occurred (tertiary prevention).

In West Cairns, tertiary-level offender-focused interventions may include giving priority to targeting the most serious and prolific youth offenders, particularly those who are likely to have the most influence on the behaviour of other peer group or gang members. This might involve targeted intelligence gathering, surveillance, and arrests where appropriate. A more socially-inclusive approach, particularly for officially-undetected offenders, may be to recruit respected cultural and community leaders to engage one-on-one with targeted youth to promote prosocial values and behaviour. Strategies for allowing youth with gang affiliations to exit those gangs are also needed.
<table>
<thead>
<tr>
<th><strong>Table 2. Prevention Matrix – West Cairns</strong></th>
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<tbody>
<tr>
<td><strong>Primary Prevention</strong></td>
</tr>
</tbody>
</table>
| **Offenders/Potential Offenders** | • Reduce exposure to known developmental risk factors  
• Introduce school-based sexual ethics programs  
• Increase school attachment/reduce school disengagement | • Re-engage school-disengaged youth  
• Therapeutic services, particularly for boys exposed to known risk factors  
• School-based support and intervention with at-risk boys  
• Reduce number of new gang affiliations  
• Family-based interventions for at-risk families/youth | • Incapacitate most prolific-serious/influential youth offenders  
• Expand offender rehabilitation services (YSVA specific + serious delinquency)  
• Provide means to exit antisocial peer groups/gangs  
• Investigate/arrest prostitution ‘clients’ |
| **Victims/Potential Victims** | • Reduce exposure to known developmental risk factors  
• School-based resilience-building programs  
• Reduce prevalence of school disengagement | • Interventions with at-risk girls (personal safety, guardianship, sex education)  
• Increase support and assistance for marginalised children/youth | • Improve reach and effectiveness of victim support and treatment services  
• ‘Cocoon’ the most vulnerable victims  
• Focus therapeutic efforts on preventing re-victimisation |
| **Situations** | • Create safe, attractive places for children and youth  
• Increase legitimate use of public spaces | • Improve natural surveillance in ‘at risk’ places  
• Increase planned/legitimate/supervised activities in ‘at risk’ public locations  
• Community night patrols targeting specific problem locations/times  
• Targeted problem-oriented and community policing | • Improve targeting of police patrols (hot spots; hot times)  
• Disrupt problem youth group activities/movements  
• Disrupt access to alcohol/substances  
• Target hardening to reduce alcohol thefts |
| **Community** | • Mobilise and focus community concerns about YSVA  
• Parenting programs tailored for the local context | • Responsible bystander training (youth and adults)  
• Problem-solving with community leaders to reduce barriers to community guardianship  
• Intensive interventions with multi-problem families | • Mobilise and focus community concerns about YSVA  
• Community engagement focused on improving extended guardianship  
• Appoint school engagement officers |
Secondary-level offender-focused interventions aim to prevent YSVA offending among youth who have not yet committed such offences but are already at risk of doing so. In West Cairns this may involve improving the targeting and effectiveness of existing community services to reduce impacts of known developmental risk factors, particularly for boys (e.g. exposure to family violence, abuse, low parental supervision). More intensive family-based interventions may be required for a small number of especially-at-risk families. Finding ways to prevent initial involvement in antisocial peer groups, and especially gangs, may be important.

Primary-level offender-focused prevention may include establishing sexual ethics programs in local schools. The rationale for this is that attitudes and expectations about relationships and sex are likely to be formed early – perhaps already in primary school – so it makes good sense to forestall the development and later impacts of antisocial and abusive attitudes and values by intervening early. More could also be done to reduce the numbers of children disengaging from local schools, again by intervening early before associated problems become less amenable to intervention.

(Potential) victims

Just as preventing further YSVA offending by known offenders will do little to prevent potential offenders from doing so for the first time, so too will dealing with known victims do little to prevent other women and children from being abused for the first time. Victim-focused strategies must similarly therefore involve a mix of primary-, secondary-, and tertiary-level interventions.

A key tertiary-level prevention approach would be to ensure that existing victim support and therapeutic services in West Cairns adopt clear targets and methods for preventing re-victimisation. Many victim services are primarily, if not exclusively, focused on ameliorating harms associated with past sexual abuse. This is very important from a harm-minimisation perspective, but from a prevention perspective working actively and explicitly to prevent future sexual victimisation is critical. ‘Cocooning’ of the most vulnerable victims (e.g. those who have already been repeatedly victimised) has proved effective in other areas of crime prevention (e.g. preventing repeat burglaries), and could be adapted to the present problem as well. Victim services also need to improve their accessibility and engagement, particularly for Indigenous
women and children who face the most difficult barriers to reporting victimisation and/or engaging with available services.

Secondary-level victim-focused approaches may include efforts to identify and engage particularly with at-risk girls. Local schools and community-based services are probably best placed to do this. Strategies may include personal safety instruction, sex education (focused on sexual relationships and ethics, as well as physical sexual health practices), and family-based support and interventions to improve natural guardianship.

Primary-level approaches may include universal school-based resilience building programs targeting known risk factors for sexual victimisation (e.g. emotional vulnerabilities; low self-confidence), and efforts to prevent school disengagement particularly among girls.

In the context of West Cairns in particular, every effort should be made to maintain the safety provided by school inclusion.

Situational approaches

Where offender- and victim-focused prevention focuses on individuals, situational prevention focuses on the specific settings in which YSVA offending and victimisation have occurred or may be likely to occur. Situational approaches are concerned essentially with creating safer places, rather than safer individuals per se.

Tertiary-level situational approaches would target specific places and circumstances where YSVA or related problems have already occurred, or that are known to be connected to the problem. This might include improving the targeting of police patrols to focus on ‘hot spots’ and ‘hot times’, efforts to disrupt certain youth activities and movements associated with problem behaviour, ‘target hardening’ of local liquor outlets to reduce alcohol thefts, and perhaps wider efforts to disrupt youth access to alcohol and other substances (e.g. by targeting adults known to be supplying youth).

Secondary-level situational approaches may include improving natural surveillance in at-risk places (e.g. improved lighting; removing vegetation to allow line-of-sight from passers-by; building barriers to prevent access to certain locations), and re-invigorating community night patrols (again focused on hot spots and times). Community patrols may have important advantages over police patrols in some circumstances because
community members may be able to engage more effectively with youth (in informal conversations, or to distribute notices about public events, services, health messages, and so on).

Primary-level situational approaches may involve finding ways to design new places, or to re-design existing places, that are both safe for and attractive to local children and youth, and increasing the legitimate use of public places.

Community approaches

Community prevention approaches are focused on mobilising local concerns and building the capacity of local social systems (e.g. families, neighbours, community groups, organisations) to reduce crime in their neighbourhoods.

In West Cairns, tertiary-level community approaches might include addressing school disengagement through the appointment of local school engagement officers, targeting the local high school as well as boarding schools in the area. A specific focus may need to be given to maintaining youth engagement in boarding schools with catchments from Cape York and the Torres Strait Islands. Other interventions may be designed to build the capacity of community members, groups and organisations to promote the safety of local people and places. Active community guardianship might involve community members contributing to supervision of youth and identifying and reporting concerns. Some previous success has been reported by community members with respect to Community Night Patrols operated in West Cairns, in association with the Cairns Regional Council. These night patrols are no longer operational, however a review of the structure, support, resources and supervision necessary to re-invigorate these patrols may be beneficial, given their potential to interrupt problematic youth behaviour and improve safety in public places.

Building community guardianship might also include responsible bystander training to build the skills of people with the potential to intervene directly to either prevent or respond to concerning activities or incidents as they occur. With respect to concerns in West Cairns, this might need to include building awareness of risk factors associated with sexual or other violent behaviour, identification of a range of safe and effective bystander actions (e.g. encouraging at-risk youth to move away from risky situations, accompanying at-risk youth home at night, alerting family or police to concerning incidents), and increasing awareness of how to obtain help.
Secondary-level approaches might involve targeting at-risk youth for bystander training, which may increase their capacity for protecting their friends or acquaintances (e.g. by learning how to safely discourage peers from engaging in risky, abusive or illegal behaviour). Engaging community leaders in problem-solving to reduce actual or perceived barriers to community guardianship would be important.

Primary-level approaches might include increasing the availability of and access to appropriate parent education and training. Particular attention may be needed to address the challenges faced by families moving to the area from Cape York, the Torres Strait or South Pacific Islands. Parenting practices appropriate in one context may not be as successful in another. Because living in West Cairns presents specific risks for youth that may not be present in their home communities, parenting programs would need to focus on parenting approaches specific to this particular environment.

Prevention strategies: Aurukun

(Potential) offenders

Accessible, effective youth offender treatment and risk management would be an important component of a tertiary-level prevention approach in Aurukun. This should be available to address both YSVA and serious nonsexual offending. GYFS is available to provide services to court-referred youth sexual offenders, but there is presently no similar service available for serious general or violent offenders. This approach of course relies on offences being detected, reported, charged and finalised in court. In addition to addressing barriers to reporting, a review of statutory responses to detected YSVA appears warranted. One solution may be to establish specialist intervention services that could be accessed by non-adjudicated youth.

Improving access to appropriate services for at-risk children (under the age of criminal responsibility) and older youth is vital, including the development of specialist intervention services for children engaging in concerning or abusive sexual behaviours. This is not currently available in Aurukun. One approach would be for visiting professionals with the relevant expertise to directly provide specialist service provision in the community. Alternatively, local professionals and paraprofessionals could be trained, supported, and provided with regular specialist content supervision in order to take on this role.
<table>
<thead>
<tr>
<th>Offenders/ Potential Offenders</th>
<th>Primary Prevention</th>
<th>Secondary Prevention</th>
<th>Tertiary Prevention</th>
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</table>
| • Develop cultural instruction for pubescent boys concerning sexual and social relationships and responsibilities  
• Develop and implement school-based sexual ethics programs  
• Strengthen & increase engagement with neonatal parenting program | • Outreach services for at-risk children and families  
• Intervention for children with problem sexual behaviour and at-risk adolescents, including family interventions  
• Develop teacher skills for responding to problem sexual behaviour at school | • Review and improve statutory responses to reported / detected YSVA  
• Extend scope of youth offender treatment and risk-management (YSVA specific + general delinquency), involving close collaboration with local families and responsible adults |

<table>
<thead>
<tr>
<th>Victims/Potential Victims</th>
<th>Primary Prevention</th>
<th>Secondary Prevention</th>
<th>Tertiary Prevention</th>
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| • School-based resilience-building programs  
• Develop cultural instruction for pubescent girls concerning sexual and social relationships and rights/ responsibilities  
• Strengthen & increase engagement with neonatal parenting program | • Develop teacher skills for responding to problem sexual behaviour at school  
• Interventions with at-risk boys and girls | • Establish local community-based therapeutic victim services, with a primary focus on preventing re-victimisation |

<table>
<thead>
<tr>
<th>Situations</th>
<th>Primary Prevention</th>
<th>Secondary Prevention</th>
<th>Tertiary Prevention</th>
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</table>
| • Create safe, attractive places for children and youth  
• Separate boys and girls at school  
• Separate structured child/youth activities by age level (and possibly also by gender) | • Increase formal guardianship at events/training for event supervisors  
• Improve physical structures and supervision scheduling at school  
• Safety planning at school and community events | • Reduce access to and dependence on substances  
• Intensive monitoring of community ‘hot spots’ |

<table>
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<tr>
<th>Communities</th>
<th>Primary Prevention</th>
<th>Secondary Prevention</th>
<th>Tertiary Prevention</th>
</tr>
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</table>
| • Mobilise and focus community concerns about YSVA  
• Community engagement focused on improving extended guardianship  
• Parenting programs tailored for the local context  
• Use local radio facility to broadcast sexual health messages in local language | • Responsible bystander training (youth and adults)  
• Problem-solving with community leaders to reduce barriers to community guardianship  
• Strategies to maintain engagement of pregnant youth in school  
• Develop/strengthen family violence interventions | • Intensive interventions with multi-problem families  
• Establish family mentor program |
Building teacher skills and capacity to identify and respond to concerning sexual behaviour in the school would be important to address immediate and long-term safety issues associated with the school and related activities. A combination of formal training workshops and ongoing consultation and support should be considered.

Finally, Aurukun’s neonatal parenting program might be strengthened and extended to include education about child development, skill building with respect to positive parenting practices, increasing support networks for new parents, and/or home visitation. The purpose of this would be to reduce exposure of children to developmental risk factors associated with later involvement in delinquency and crime.

(Potential) victims

Specialist victim support and therapeutic services are needed in Aurukun. At present there are no such existing specialist services, although with expert support existing generic services (e.g. Wellbeing Centre or mental health services) may be able to take on this work. As in West Cairns, adopting clear targets and methods for preventing re-victimisation will be important, in addition to harm minimisation approaches. Victim services in this community will also need to ensure that service delivery models are adaptive to the local context, utilise culturally respectful and appropriate engagement strategies, are guided by both cultural and content specific supervision, and are based on the best available evidence and practice standards.

Secondary-level victim-focused approaches should include efforts to build the skills and capacity of school staff to respond to the problem of sexualised behaviours exhibited in this environment. Again this might include specialist training and/or ongoing supervision and consultation for these personnel. Specialist interventions targeting identified at-risk children and youth are recommended.

Primary-level approaches might include the development and facilitation of an education program for youth (especially girls) with respect to understanding sexual and social relationships, personal rights, safety in relationships, and building support networks. Cultural input into the development of these programs would be essential, perhaps by training Aboriginal staff or key community members to deliver the programs. Establishing a therapeutically-focused ‘Young Women’s group’ may provide a suitable structure for this. Note that we do not refer here to recreational or support groups that have periodically been developed in Aurukun. Rather, such a group would
be professionally facilitated, have clear direction and therapeutic aims, and focus on key issues facing the target population. As in West Cairns, primary-level approaches may also include universal primary school-based resilience-building programs targeting identified risk factors for sexual victimisation.

**Situational approaches**

Tertiary-level situational prevention approaches would target specific places and circumstances where YSVA or related problems occur, or that are known to be connected to the problem. Increasing available supervision or surveillance of youth night-time activities, and interrupting concerning youth activities, are important. Building on existing Community Police patrols to specifically focus on these activities, improving lighting and/or installing CCTV in key locations, appointing dedicated place managers in key locations, and increasing legitimate use of public spaces, are all possibilities here.

Primary- and secondary-level situational approaches may include enhancing formal guardianship at community events. This might involve training of event supervisors to enhance their capacity to prevent or respond to issues of concern arising immediately prior to, during, or after an event. Training with respect to event planning (e.g. establishing safe event environments, responsible place management, and risk mitigation [safety] planning) should be considered. Consideration could also be given to structuring community youth activities by gender and age level in order to reduce modelling effects on, and direct exploitation of, younger children. This would also be relevant to school hosted events.

The school environment provides numerous positive opportunities for establishing or enhancing child safety, given this environment has clear physical boundaries and employs professionals who have the potential to play key protective guardianship roles. Children’s safety at school is critical, yet repeatedly in interviews for this project this was highlighted as a specific area of concern. Establishing safety at the school is probably a good starting point for a program of prevention activities at Aurukun.

A comprehensive school environment audit could be undertaken to identify specific features of the physical environment and school routines that allow or facilitate problem behaviours. This might include changes to supervision with respect to the school toilets, playgrounds, or for children who legitimately need to leave the classroom.
during formal class times. Establishing separate spaces or classrooms for children of different genders or age levels might increase safety in this environment.

More broadly the establishment of safe, attractive places for children and youth in the community should be considered. This might include either re-designing existing spaces (e.g. the local park) or the creation of new suitable places for children. The design and focus of child-safe places would need to reflect the interests and needs of local children and youth. The re-instatement of a child-focused Sport and Recreation Officer may contribute both to appropriate place management and to the development of structured, supervised, prosocial activities for children and youth.

**Community approaches**

Tertiary-level community prevention approaches in Aurukun need to target identified multi-problem families, especially those with the direct care of children who are already engaging in sexualised or sexually abusive behaviours, at significant risk of doing so in the future, engaging in behaviours that place themselves at risk, or are otherwise at risk of harm associated with sexual abuse. This might include the establishment of formal intensive specialist interventions with these families. Alternatively, or additionally, the establishment of a family mentor program could be considered. This could involve those families in Aurukun who are doing well supporting and guiding other families, modelling appropriate, effective parenting techniques. Alternatively the development of professional or paraprofessional parent coaches, perhaps linked with a formal parenting program, could also address specific parenting practices in the home or community environment.

Secondary-level community prevention approaches in Aurukun need to target community guardianship and should incorporate bystander training for at-risk youth and adults. Efforts to problem-solve with community leaders to reduce actual or perceived barriers to community guardianship would also be essential. To achieve this, support and expert consultation should be provided to key community leaders and stakeholders, to build their knowledge and capacity for motivating change and building active investment in a community guardianship approach. Work could also be undertaken with community leaders to establish, communicate, promote and maintain safe community norms and standards of behaviour.
Men’s and Women’s groups could be re-established with a more therapeutic framework and purpose, to provide opportunities to explore issues with respect to sexual relationships and behaviours, or even domestic violence and alcohol issues. These groups could provide ideal opportunities for building capacity and future community leaders and role models.

Given the extent of reported family and community violence, effective evidence based therapeutic services should be made available. These need to reflect the local cultural and community context, should focus on the causes of violence in this specific community (including specific triggers and social pressures), and be based on current best-practice concerning violence interventions and therapeutic services. The “Ending Family Violence” Program currently offered in Aurukun lacks an adequate evidence base and appears not to reflect the causes, level or extent of violence in this community. The key to family-level interventions in Aurukun is to be pro-active and persistent – relying on families themselves to engage with appropriate services is almost certain to fail.

On a primary prevention level, community approaches would need to explore opportunities for the dissemination of sexual health messages. This should be a community wide health promotion, providing general sexual health information to all sectors of the community. This information could also be disseminated to specific populations or at-risk groups, for example through the health clinic, school, or therapeutically based Men’s or Women’s Groups, should they be established.

As in West Cairns, primary-level community prevention approaches should also include increasing the availability of and access to appropriate evidence-based parent education and training, both for teenaged and older parents. Such a service is not presently available in Aurukun.

**Moving forward**

The possible strategies outlined above vary in terms of their targets, aims, likely impact, feasibility, required timeframe, and required resources. We believe that, for practical purposes, what is needed is a systematic approach to prioritising, implementing, and evaluating a limited number of specific interventions at the local level, and this is the focus of our three-year prevention project funded by the Australian Government’s Indigenous Justice Program. While the Queensland Government is a key
partner in this new project, we recognise that there are wider implications for state and local government, particularly in terms of the possibilities of establishing new services and improving the targeting and effectiveness of existing services in West Cairns and Aurukun. We also recognise that the Queensland Government is likely to be concerned about similar problems affecting communities other than those focused on in the present report. In the remainder of this report we outline the framework for our prevention project focused on West Cairns and Aurukun.

Partnerships

All indications are that, to be successful, preventive interventions in West Cairns and Aurukun must be designed and implemented in authentic partnership with the communities themselves. For the present project we established local advisory groups in these two communities to advise on data collection and interpretation and on local cultural and social matters. Membership of the Cairns group included Regional Council staff, the Manager of a local youth agency, and a respected Indigenous person. The Aurukun group included local Councillors, Family Responsibilities Commissioners and Coordinator, and respected community members. Prior to this we had established a YSVA Prevention interest group in Aurukun, with membership including representatives of Aurukun Wellbeing Centre, Department of Communities Child Safety Services, Koolkan Early Childcare Centre, Aurukun Local Partnerships Office, and Aurukun Shire Council.

These groups will be re-formed, probably with some new members as appropriate, and their role expanded to establish new Local Implementation Groups (LIGs) at both sites. To maintain continuity over the course of the project, we will establish and maintain a core membership drawn from members of the original advisory and interest groups. To cover the required breadth of potential intervention activities, we aim to recruit additional temporary members as appropriate. Temporary members will possess special knowledge, expertise, leverage, or access to resources concerning particular intervention activities, and are likely to span relevant state government areas such as Aboriginal and Torres Strait Islander and Multicultural Affairs, police, youth justice, child safety, health, education, and housing, as well as local council and local non-government agencies.

It is in collaboration with these local groups that decisions will be made about the
prioritisation of target problems, and the selection and design of specific intervention activities. LiGs will also advise on practical matters concerning opportunities and constraints, access to local resources, and local cultural and social matters. As part of our capacity-building activities, we will assist local community groups to access additional resources as required (e.g. by helping to arrange meetings with relevant agencies and/or assisting them to write funding applications).

Selecting and designing interventions

A prevention plan will be developed for each site, in collaboration with the LiGs. These plans will be informed by ‘what works’ crime prevention research, professional experience, local knowledge, accessibility of suitable resources, and initially by the findings as outlined in the present report. Prevention plans will be continuously monitored and periodically revised as new data are obtained and interim outcomes considered. We anticipate that some combination of intervention activities will be selected from the examples outlined in the previous section of the report.

As explained above, decisions about prioritising specific problems, selecting the most suitable interventions, and how best to access appropriate resources, will be made in collaboration with the LiGs. The project team itself possesses the academic and professional expertise required to design specific interventions in accordance with best-practice principles. We anticipate that interventions will include existing evidence-based strategies, as well as innovative evidence-informed strategies as appropriate in the particular circumstances. This will allow us to test the effectiveness of proven approaches in these particular contexts, as well as developing and testing new methods. We aim to implement a minimum of five separate intervention activities at each site. Priority will be given to interventions likely to have the highest feasibility and potential impact.

Implementation

A network of relevant existing services has already been established in both communities. This network will be maintained and further developed over the course of the prevention project. Members of the project team will work to improve the targeting and effectiveness of these existing services through written agreements, close consultation, monitoring intervention fidelity, supervision, training, and ‘on the ground’
co-ordination. Members of the project team are also likely to be involved in the direct implementation of some interventions (e.g. therapeutic services).

Evaluation

Our evaluation model involves a theory-driven method that requires clarity and explicitness about what each proposed intervention activity is expected to bring about by way of outcomes, in the specific context of the locale for the activity. There is no expectation that interventions will unconditionally produce their intended outcomes. The issue is whether the interventions have the potential to produce the intended effects, and which specific conditions are needed for this to occur. For each intervention, as well as for the project as a whole, initial hypotheses about the activities and the conditions needed for them to produce intended effects will be articulated in detail at the start, and efforts then made to track them by collecting relevant data. Relevant data will be defined by the specifics of the expected outcomes, and are likely to include quantitative and qualitative data from records, observations and interviews. These data will be used to check both the expected outcomes and the processes through which they were produced, as well as information on the conditions necessary for the activities to produce those outcomes.

Evaluation of the prevention model (in addition to the evaluations of distinct intervention activities) will attend to process as well as outcome variables. Key process variables include problem identification, community engagement, professional engagement, local and state government engagement, data collection, analysis and interpretation, intervention selection and design, implementation, monitoring procedures, problem solving, outcome evaluation, and dissemination. Outcome variables will include outcomes for each intervention activity, as well as global changes to YSVA and related problems.

Long-term outcomes

Intervention activities will be designed to produce sustained changes in identified problem areas. Our prevention model itself is therefore oriented to producing ongoing benefits beyond the three-year funding period.

Our collaboration with local community members and service providers is aimed at building capacity for understanding and responding to YSVA and related problems.
Evaluation of intervention activities will allow the incorporation of the most effective components of the project into ‘services as usual’. In year three (2015-16), and in collaboration with LIGs, we will establish local prevention groups at both sites and work with these groups to develop plans for continuing activities.

We aim to implement the project and disseminate findings in ways that facilitate the transferability of the prevention model to other sites, and to other related problems. This will be done by evaluating each intervention activity, as well as the prevention model itself, and particularly by identifying likely mechanisms and relevant contextual factors associated with observed outcomes.

Coordination

It is very important that we do not work at cross-purposes with the Queensland Government’s own initiatives in West Cairns and Aurukun. Our project will necessarily touch upon areas of responsibility of multiple state Government departments, so it makes good sense to articulate our efforts with existing cross-departmental structures. We have already been working closely with the Department of the Premier and Cabinet’s Criminal Justice Research personnel. One way to extend this coordination may be to articulate our project with the work of the Cairns Safer Streets Taskforce and (in Aurukun) the Family Responsibilities Commission. Establishing formal reporting structures through the Taskforce, for example, may help to ensure that state and local government agencies are kept fully informed of project developments, that implementation or evaluation problems can be quickly resolved, and that through our Local Implementation Groups local knowledge, ideas and concerns are conveyed to government decision-makers.

The bigger picture

West Cairns and Aurukun are by no means the only places to suffer endemic problems with YSVA. There are undoubtedly other places in Queensland, in other Australian states and territories, and in other parts of the world, where similar problems are occurring. Sexual violence and abuse in Australian Indigenous communities and other ‘fourth world’ settings has proved to be among the most difficult and confounding social problems of our time. We hope the present report goes some way to establishing an initial evidence base upon which future efforts in West Cairns
and Aurukun may be founded. A unique opportunity now exists to put Australia, and Queensland in particular, at the forefront of international efforts to understand and address these problems.
References


