

I wish to submit the following information to the inquiry in relation to *Child protection roles and responsibilities of all government and non-government organisations and individuals*:

1. I am the project officer responsible for developing and disseminating resources to health practitioners, both registered and non-registered, regarding mandatory reporting of child sexual abuse (CSA). I am employed by health services to do this. In so far as possible I work with managers, directors and staff from other programs including NTFC, Acute and Community Health, and NGOs. NTFC have not dedicated a single position to do this, yet it is their legislation. **NTFC needs to take responsibility for its legislation.**
2. Indigenous and non-Indigenous communities lack understanding about CSA and mandatory reporting obligations in the NT. It is widely accepted that CSA is extensively under-reported. There is a need to educate communities about what is/not sexual abuse; what is/not acceptable behaviour; and what role communities can play in protecting children. There have been no funds allocated to do this, yet there is a well-funded plan to support mandatory reporting of DV. **NTFC needs to educate Indigenous and non-Indigenous communities about CSA – what it is, how communities and individuals can prevent it, and mandatory reporting obligations.**
3. Anecdotal reports continue to express concerns that young people remain alienated from accessing health services because of fear of being reported. Local health practitioners are seen as driving mandatory reporting as they are usually the first to inform the young person of the reporting requirement. Health practitioners feel they are perceived as the 'bad guys'. **DOJ/DCM/NTFC need to inform young people of the mandatory reporting law.**
4. The NT has the harshest mandatory reporting laws in Australia. In particular they require all persons to report certain categories of children. If the NT Government is serious about reducing the rates of child sexual abuse it needs to do more than legislative change and law enforcement. The causes of child abuse are complex, and can only be effectively addressed through a 'holistic' approach. **The NTG needs to take a strategic, 'holistic' approach to dealing with CSA.**
5. The field of CSA is complex and where practitioners are expected to consider has there been harm to young people and 'ask the question' regarding the age difference between partners of 14 and 15 year olds, they are encouraged to consider whether there was consensual sexual activity. Further they need to know how to identify it, communicate effectively and build trust with young people, respond to disclosures, deal with their own and others' emotions amongst other things. This requires in-depth training, yet DHF is providing a simple didactic dissemination campaign about the legislation, which I am executing when and where I am able. **Resources need to be allocated for in-depth training of staff.**
6. Through discussions during my presentations to remote and community health practitioners, it is evident practitioners have little faith in the NTFC system in terms of

effective responses to reports of abuse and neglect, as they observe nil or inappropriate responses. In addition, turnover of FACS staff is a real issue for staff and communities, as establishing rapport and trust takes time, and is critical for effective input. Practitioners also feel they are not involved as team members by FACS, even in cases that are not highly confidential. **NTFC needs to work on building relationships with other team members, sectors and communities.**

Unfortunately I am unable to attend several IDCPPPWG forums hosted by Clare Gardiner-Barnes in February as I will be on annual leave. I have nominated a proxy. However I would be pleased to provide any additional information on my return.

Regards

Gerri Grady