Responding to Indigenous Australian Sexual Assault: A Systematic Review of the Literature

Janya McCalman1, Francesca Bridge2, Mary Whiteside3, Roxanne Bainbridge1, Komla Tsey1, and Crystal Jongen1

Abstract
Indigenous Australians experience a high prevalence of sexual assault, yet a regional sexual assault service found few Indigenous Australians accessed their services. This prompted exploration of how its services might be improved. A resultant systematic search of the literature is reported in this article. Seven electronic databases and seven websites were systematically searched for peer reviewed and gray literature documenting responses to the sexual assault of Indigenous Australians. These publications were then classified by response type and study type. Twenty-three publications met the inclusion criteria. They included studies of legal justice, media, and community-based and mainstream service responses for Indigenous survivors and perpetrators. We located program descriptions, measurement, and descriptive research, but no intervention studies. There is currently insufficient evidence to confidently prescribe what works to effectively respond to Indigenous Australian sexual assault. The study revealed an urgent need for researchers, Indigenous communities, and services to work together to develop the evidence base.

Keywords
sexual abuse, sexual violence, intimate partner sexual violence, rape, Indigenous

Introduction
Sexual assault is a crime (New South Wales [NSW] Ombudsman, 2012). Sexual assault occurs when any person has sexual intercourse with another person without the consent of the other person and who knows that the other person does not consent to the sexual intercourse (NSW Crimes Act 1900, No. 40; Australasian Legal Information Institute, 2010). It should be noted however that there are variations in the definition of sexual assault between states and territories. Finding reliable data about the nature and extent of Indigenous Australian sexual assault is extremely difficult, as in some cases it is subsumed within Australian federal and state/territory governments’ definitions of, and statistics for, family violence (Keel, 2004). Furthermore, the statistics for family violence are not always available or methodologically reliable. In part, this is because victims and survivors may be reluctant to report experiences of sexual assault to Police or other agencies. Yet anecdotal evidence and submissions to inquiries indicate that sexual violence in Indigenous communities “occurs at rates that far exceed those for non-Indigenous Australians” (Lievore, 2003, p. 56). Indigenous women are particularly at risk of violence, being 12 times more likely to be the victims/survivors of assault than non-Indigenous women; in rural and remote Western Australia women are 45 times more likely to be assaulted by their spouse or partner than non-Indigenous women (Keel, 2004). Female Aboriginal children in NSW were also found to be 2.5 times more likely to be at risk of sexual assault than non-Aboriginal children (Aboriginal Child Sexual Assault Taskforce, 2006).

Many Indigenous Australians experience multiple risk factors for sexual assault. One explanation for the high prevalence of sexual assault is that risk factors occur at disproportionately higher rates, thereby placing Indigenous Australians at significantly higher risk of sexual abuse than the general population (Bodeker, 2008). In addition to being younger and female, risk factors for sexual assault at the societal level have been consistently associated with poverty as well as social norms that reflect male dominance (Rothman, Butchard, & Cerda, 2003). At the individual level, those who physically or sexually assault their female partners are more likely to have a history of witnessing inter-parental violence, and having experienced child abuse.

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and substance misuse (Rothman et al., 2003). Furthermore, the higher levels of disadvantage experienced by Indigenous Australians increases their exposure to stressful life events (Gracey & King, 2009; Keel, 2004).

A seminal paper by Bligh (1983) described Aboriginal women’s personal experiences in seeking responses to sexual assault. In exploring why Aboriginal women were not accessing a Rape Crisis Centre in South Australia, Bligh analyzed data from 100 interviews with individuals and groups, including church, college, and small social groups. She found that women were being raped across ages, from 4 to 58. Aboriginal and non-Aboriginal men were raping Aboriginal women, and often a number of rapists were involved. Women rarely reported rape to Police, the Department of Community Welfare, Aboriginal, or women’s organizations. Women experienced Police to be often indifferent or disbelieving and convictions for rape were rare. Often, to some extent, women blamed themselves, and had taken on a narrative that they were an “easy lay” and particularly deserved this label if they had been drinking alcohol. Many women were not aware of services such as Rape Crisis Centres. However, many said that they would like to have an Aboriginal counselor at the Rape Crisis Centre as a more appropriate choice to meet their needs; while 10% of women reported that the Aboriginality of a counselor was not essential so long as support was available.

Despite high level government, legal, media, and community concern about the extent of sexual assault experienced by Indigenous Australians (e.g., Gordon, Hallahan, & Henry, 2002; Government of Western Australia, 2002; NSW Ombudsman, 2012; Wild & Anderson, 2007), little is known about service responses implemented nationally to provide counseling, medical, and support services for Indigenous survivors/victims of sexual assault or to manage and treat perpetrators. Published reviews of sexual assault responses targeting Indigenous Australians have been undertaken, but none are systematic (Keel, 2004; Stubbs, 2009). Paul, Sanson-Fisher, Stewart, and Anderson (2010) described the “sorry state” of the Indigenous health evidence base in general and cautioned that before commencing on program/service development or research efforts in an important area such as Indigenous sexual assault, attention needs to be paid to analyzing the existing knowledge output to identify the evidence gaps.

When a mainstream sexual assault service in a regional center with a high Indigenous population was invited to establish a new service in a discrete Indigenous community, staff reflected on the attendance of Indigenous people at the existing service. This, they noted, was relatively low. They subsequently commissioned a research team (the authors of this article) to undertake a systematic search of literature concerning responses to Indigenous Australian sexual assault. The search aimed to scope the number and nature of Indigenous Australian sexual assault publications. To determine proven or promising approaches in the field of Indigenous sexual assault practice, the search focused particularly on what service or program responses to sexual assault had been described or evaluated. The three research questions were as follows:

**Research Question 1:** What type of strategies, programs, or services have been developed to respond to sexual assault in Indigenous communities, and what is the methodological quality of those that have been evaluated?

**Research Question 2:** What key principles and recommendations for addressing sexual assault in Indigenous communities are articulated in studies that describe or evaluate strategies, programs, or services?

**Research Question 3:** What are the implications for practice?

The findings would inform the design and implementation of a new sexual assault counseling, referral, support, and/or medical services in the nearby Indigenous community, as well as tailoring of the existing regional service to increase accessibility to Indigenous clients.

### Method

A written protocol was developed and circulated to the sexual assault service and research team to reach consensus on the purpose and methods for the search, screening, extraction, and analysis of the literature. The protocol described a search strategy incorporating electronic databases and the gray literature. Consistent with methods detailed in the Cochrane Collaboration Handbook on Systematic Reviews of Health Promotion and Public Health Interventions (Jackson, 2007) and with previous systematic searches (Clifford, Doran, & Tsey, 2013; McCalman, Bainbridge, Clifford, & Tsey, 2013; McCalman et al., 2012), the protocol outlined three search steps (Figure 1).

First, consultation with a qualified librarian identified seven relevant electronic databases to search: Informit, ProQuest, PubMed, Medline via Ovid, Scopus, PsycInfo, Science Direct. The search team was aware of the preference of some Indigenous women and workers to locate sexual assault within the broader concept and language of family violence (Keel, 2004). Discussions about sexual assault have been taboo in some Indigenous communities and the concept of family violence has allowed workers to sensitively broach the subject (Keel, 2004). In this search, however, we chose to limit the scope to the explicit field of sexual assault (or like terms). Two reasons prompted this decision: (a) family violence includes types of violence other than sexual assault and (b) the scope of the study precluded the broader search of the family violence literature. Thus, the following terms were searched in either the title or abstract, article or MESH heading of peer reviewed papers and non-reviewed reports: (Aborigin* or Indigen* or Torres Strait Island* or oceanic ancestry group or australoid*) and (Australia) and (sexual...
assault or sexual abuse or sexual violence or rape or intimate partner sexual violence). The combined searches of the seven databases (excluding duplicates produced 1,036 references that were imported into Endnote).

Second, to maximize search coverage of the gray literature, the same librarian searched eight websites and clearing-houses related to Indigenous Australian sexual assault. Included were Google Scholar, Australian Centre for the Study of Sexual Assault, Partnerships against Domestic Violence (Australia), National Association of Services Against Sexual Violence, Australian Institute of Criminology, Australian Institute of Family Studies, Australian Indigenous Health InfoNet, and Indigenous Sexual Assault Research and Resources Gateway. 2672 studies not identified in the electronic database search were identified. Third, a researcher (F.B.) hand-searched the reference list of key policy documents identified by the electronic database search for relevant studies not yet identified. The time period for the search was 1993-2012—this 20-year period was considered to provide comprehensive coverage of relevant initiatives.

In total, 3,714 references were identified. Papers were excluded if they (a) were duplicates (n = 474), (b) did not mention responses to sexual assault (or a like term) in the abstract of journal articles or executive summary of reports

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**Figure 1.** The search strategy.
inter-sectoral partnerships and strategies (Cox, 2008; Cripps & McGlade, 2008; Thomas, 1993; Thorpe, Solomon, & Dimopoulos, 2004; Victorian Indigenous Family Violence Task Force, 2003). Promising responses for combined strategies were tailored to specific communities, and targeted victims/survivors and perpetrators of sexual assault.

Intervention research provides vital evidence for practitioners and policy makers about what works in responding to Indigenous sexual assault; however, no intervention studies were found (Table 2). Four studies provided descriptions of programs (Atkinson, Nelson, & Atkinson, 2010; Cripps & McGlade, 2008; Marchetti, 2010; McCallum & Castillon, 1999). One was a measurement study (Willis, 2010). Sixteen studies described problems associated with sexual assault and recommended strategies in response (Aboriginal Child Sexual Assault Taskforce, 2006; Cox, 2008; Cripps & Miller, 2009; Due & Riggs, 2012; Gordon et al., 2002; Government of Western Australia, 2002; Greer, 1997; Langton, 2007; Memmott, 2007; NSW Ombudsman, 2012; Stewart & Jubb, 2005; Thomas, 1993; Thorpe et al., 2004; Victorian Family Violence Prevention and Legal Service, 2010; Wall & Stathopoulos, 2012; Wild & Anderson, 2007). Two publications provided reviews of the Indigenous sexual assault literature (Keel, 2004; Stubbs, 2009). We were not able to assess methodological quality due to the absence of intervention studies.

Perhaps reflecting the challenges of conducting studies in the sensitive area of sexual assault and the absence of intervention research, 12/23 (52%) of the studies relied on secondary data rather than primary data. Only two of the program descriptions (both relating to offenders) utilized primary data—one from interviews with court practitioners and Elders and observations of intimate partner violence sentencing hearings in the courts, and the other from participatory research within a group-based program for sex offenders (Marchetti, 2010; McCallum & Castillon, 1999). The other two program description studies (both relating to survivors of sexual assault) used secondary data: A critique of literature and a description and author’s experience of a program (Atkinson et al., 2010; Cripps & McGlade, 2008). The measurement study utilized primary data; it described the development of a questionnaire designed to capture perceptions of community safety in Indigenous communities, and the piloting of the questionnaire with service providers (Willis, 2010). Nine of the 16 descriptive studies utilized primary data through consulting with Indigenous community members and/or sexual assault workers and other relevant professionals (Aboriginal Child Sexual Assault Taskforce, 2006; Gordon et al., 2002; Greer, 1997; Memmott, 2007; NSW Ombudsman, 2012; Thorpe et al., 2004; Victorian Family Violence Prevention and Legal Service, 2010; Wall & Stathopoulos, 2012; Wild & Anderson, 2007).

The abstracts or executive summaries of remaining studies (n = 23) were examined to identify studies that were (a) intervention research—which tested the effectiveness of a response to sexual assault or examined the impact of interventions designed to respond to sexual assault or to improve service delivery; (b) program descriptions—which described the methods or processes applied to implement a sexual assault intervention, but in which no data-based evaluation was reported; (c) research and program description studies of sexual assault interventions were categorized by (a) first author and year; (b) publication type; (c) study design; (d) location; (e) intervention components; (f) target age, sample (n); (i) outcomes or effects; (j) study quality (intervention studies only). The data extraction was undertaken by one researcher (F.B.) and categorized of 10% studies validated by a second researcher (J.M.), to cross-check classifications performed by the first researcher blinded to the results of the initial classification (J.M.), for example, the measurement of qualities of a clinical screening or diagnostic tool, and questionnaires assessing variables such as perceptions or attitudes; and (d) descriptive research—defined as epidemiological studies that explored the prevalence or patterns of sexual assault, risk factors, or variables at a community or population level (Sanson-Fisher, Campbell, Perkins, Blunden, & Davis, 2006). The studies were re-classified by another researcher blinded to the results of the initial classification (J.M.), to cross-check classifications performed by the first researcher (F.B.). Agreement was 83% and differedenced between analysts were negotiated until consensus was reached.

The data were extracted from studies using a customized on-line data extraction form. The characteristics of intervention and program description studies of sexual assault interventions were categorized by (a) first author and year; (b) publication type; (c) study design; (d) location; (e) intervention issue; (f) main intervention type; (g) intervention components; (h) target age, sample (n); (i) outcomes or effects; (j) study quality (intervention studies only). The data extraction was undertaken by one researcher (F.B.) and categorization of 10% studies validated by a second researcher (J.M.), particularly for any data that required numerical calculations, or was subjective.

Results

Twenty-three studies describing responses to Indigenous Australian sexual assault were identified as meeting the inclusion criteria (Table 1). Six of the publications were peer reviewed while 17 were gray literature. Although there was considerable overlap, the literature documented four main types of response to Indigenous sexual assault: legal justice responses to perpetrators, media responses, community-based responses, and mainstream service responses. The breadth of these response types and associated broad range of stakeholders involved in responding to Indigenous sexual assault suggested that the important task of coordinating service delivery responses to sexual assault was likely to require inter-sectoral partnerships and strategies (Cox, 2008; Cripps & McGlade, 2008; Thomas, 1993; Thorpe, Solomon, & Dimopoulos, 2004; Victorian Indigenous Family Violence Task Force, 2003).
## Table 1. The Characteristics of Studies.

<table>
<thead>
<tr>
<th>First author, year</th>
<th>Peer reviewed or gray literature</th>
<th>Study type (intervention or descriptive)</th>
<th>Data and method</th>
<th>Location</th>
<th>Focus/response type</th>
<th>Recommended strategies/actions</th>
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<tbody>
<tr>
<td><strong>Cripps, 2008</strong></td>
<td>Peer review: Journal Article</td>
<td>Program description</td>
<td>Secondary data: Critique of literature and a documentary film of the Community Holistic Circle Healing process developed by Hollow Water, Canada (identified as an example of best practice in management of sexual violence in Indigenous communities that has been suggested as a model to be implemented in Australia)</td>
<td>National</td>
<td>Analysis of the feasibility of transferring the Community Holistic Circle Healing process to the very different geographic, social, cultural, political and spiritual contexts of Australian Indigenous communities</td>
<td>Models such as Hollow Water provide hope that healing and justice for all those affected by violence can be achieved. But any Indigenous Australian model to address child sexual assault must take account of gender and power, the role of community members in healing, the long-term support needs of victims/survivors, and the justice issues for offenders. Models require victims/survivor’s participation in design and delivery and recognition of power imbalances that often work to the detriment of women and children victims/survivors of violence.</td>
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<tr>
<td><strong>Due, 2012</strong></td>
<td>Peer Review: Journal Article</td>
<td>Descriptive</td>
<td>Secondary data: Critical discourse analysis of the representations of Indigenous child abuse in mainstream media</td>
<td>Cairns, FNQ</td>
<td>Analysis of mainstream media coverage of the “Aurukun rape case”</td>
<td>By constructing Indigenous child sexual abuse as “everyone’s business,” and discussing details of the lives of Indigenous Australians, the mainstream news media reinforce negative stereotypes and overlook the gains made by Indigenous peoples themselves in challenging violence. Instead, by recognizing the effect of their relative privilege on the continuing oppression of Indigenous Australians, the mainstream media could play a powerful role in changing the dominant discourses regarding Indigenous affairs.</td>
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<tr>
<td><strong>Keel, 2004</strong></td>
<td>Gray: Government information sheet</td>
<td>Review</td>
<td>Secondary data: Non-systematic review of reports and research into family violence and sexual assault in Indigenous communities and state and federal governments’ policies and reports into family violence. Interviews with four sexual assault workers.</td>
<td>National</td>
<td>Overview of Indigenous family violence and sexual assault issues and findings identified in recent key policy documents, reports and research to assist both Indigenous and non-Indigenous workers</td>
<td>Need to translate policy initiatives into dedicated funding and establish services and ongoing programs specifically aimed at addressing the issue of family (including sexual) violence in communities. Developing meaningful and trusting working relationships to address sexual assault requires sustained service funding.</td>
</tr>
<tr>
<td><strong>Langton, 2007</strong></td>
<td>Peer Review: Journal Article</td>
<td>Descriptive</td>
<td>Secondary media data and personal expert opinion</td>
<td>National with focus on NT</td>
<td>Discussion of the history of sexual and physical assault of Indigenous children and women, policy responses and media portrayal.</td>
<td>Continue the NT Emergency Intervention and maintain strategies that promote personal responsibility</td>
</tr>
<tr>
<td><strong>Marchetti, 2010</strong></td>
<td>Peer review: Journal Article</td>
<td>Program description</td>
<td>Primary: 39 interviews with court practitioners (magistrates, court workers and domestic violence support workers) and Elders; 8 observations of intimate partner violence sentencing hearings in the courts</td>
<td>NSW and QLD</td>
<td>Sentencing of Indigenous partner violence offenders through courts and specialist violence courts—Extent to which gendered power imbalances are present and how such power imbalances are addressed by Elders</td>
<td>Indigenous sentencing courts are supported by non-Indigenous judicial officers and respected members of Indigenous communities for sentencing offenders of intimate partner violence. Gendered power imbalances are often present, but courts address these through “shaming” the offender in the presence of culturally appropriate authority figures, and allowing victims/survivors to share their experiences. This gets “everything out in the open” and allows the magistrate and Elders to tailor penalties imposed. More research is needed to determine impacts on offenders and victims/survivors, and compare with more offending-centered (rather than culturally-centered) court processes.</td>
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Table 1. (continued)

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<td>Memmott, 2007</td>
<td>Gray: Unpublished research report prepared for Anyinginyi Health Aboriginal Corporation</td>
<td>Descriptive</td>
<td>Primary data: Qualitative-community and service provider consultations. Thematic analysis of types of violence and causal factors</td>
<td>NT</td>
<td>Strategies to target family and community violence in the Barkly region and Yapakurlangu family and community violence plan and strategies</td>
<td>(a) Statistical monitoring of family violence; (b) regionalization of family violence planning; (c) violence response in Tennant Creek and its Town Camps including violence plans, violence watch and a community violence planning tool kit; (d) improved networking with agencies and departments; (e) identification of further services gaps and deficiencies.</td>
</tr>
<tr>
<td>Stubbs, 2009</td>
<td>Gray: Legal studies research paper</td>
<td>Review</td>
<td>Non-systematic literature review pertaining to restorative justice responses to gendered violence in Indigenous communities</td>
<td>National</td>
<td>Restorative Justice for gendered violence against Indigenous women</td>
<td>Generic models of restorative justice cannot be relied on to promote victims/survivor interests or challenge racism. New hybrid models of community-controlled justice require resources and coercive back-up to ensure safe and just outcomes and not all communities are well-placed to take this on. Pre-conditions include resources for and engagement of women in the planning and delivery of new initiatives, support for victims/survivors, and development and sustainability of community infrastructure.</td>
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<td>Thorpe, 2004</td>
<td>Gray: Government report</td>
<td>Descriptive</td>
<td>Primary: qualitative and some quantitative data including brief literature review; documentation of regular project team meetings; focus group meetings with Indigenous and Centres Against Sexual Assault workers; a Roundtable on Sexual Assault in Indigenous communities; and Indigenous-specific Roundtable on Sexual Assault</td>
<td>VIC</td>
<td>Short-term project sought to identify gaps and barriers that prevent Indigenous people from accessing sexual assault services and strategies that would assist the Centres Against Sexual Assault to better meet the needs of Indigenous victims/survivors of sexual assault, identify effective training and education strategies for mainstream and Indigenous workers.</td>
<td>A “holistic approach” needs to be multilayered, include client, education, research and perpetrator services and be implemented through a staged approach. Needed are an Indigenous and mainstream State-wide Sexual Assault Steering Committee; training, debriefing and supervision for Indigenous community members/workers; a community family violence/sexual assault resource guide; state-wide sexual assault policy and procedures manual; men’s forum on sexual assault; community-controlled research and data collection; Indigenous “Helpline”; state-wide awareness/safety campaign, and funding for long-term sustainable community programs. Governments should measure sexual and family violence and Police should facilitate increased reporting. Family and Magistrates Courts should provide cross-cultural training and use Indigenous Liaison Officers.</td>
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<tr>
<td>Victorian Family Violence Prevention and Legal Service, 2010</td>
<td>Gray: Policy Paper Series</td>
<td>Descriptive</td>
<td>Primary data from: (a) consultations (29 in total); (b) FVPLS Vic’s experience on the ground (about legal and associated services); (c) broader Indigenous community and government initiatives; (d) advisory committee established for the project</td>
<td>VIC</td>
<td>How legal and associated services can improve law and justice responses for Indigenous victims/ survivors of family violence and sexual assault</td>
<td>Needed are state-wide coordination of legal services while recognizing the need to develop local strategies; holistic responses for Indigenous survivors of sexual assault; flexible legal aid guidelines, links between Indigenous and key mainstream services, culturally appropriate after-hours and crisis services, improved services and supports for children, culturally appropriate counseling/healing, a koori-specific sexual assault service, cultural awareness training for lawyers and others; employment of Indigenous staff, community legal education, and an Indigenous women’s cultural retreat. These proposals require additional long- and short-term funding from State and Commonwealth governments.</td>
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<td>Aboriginal Child Sexual Assault Taskforce, 2006</td>
<td>Gray: Government Report</td>
<td>Descriptive</td>
<td>Primary and secondary data from (a) Comprehensive review of Indigenous sexual assault research; (b) written submissions and other info, from government agencies (c) written submissions from non-government agencies and individuals (d) consultations with Indigenous communities (e) consultation with government and non-government agencies</td>
<td>NSW</td>
<td>Analysis of Indigenous community’s perspective of child assault and the issues they identify matched with analysis of the services provided by government and non-government agencies that impact on child sexual assault</td>
<td>NSW needs an effective, cooperative response to child sexual assault that is community driven and works with government agencies in genuine partnership. Need an Indigenous Child Sexual Assault Coordination Unit; partnerships and formal protocols between Government and peak bodies; a team to promote the well-being of Indigenous children and young people; improved capacity of Indigenous and mainstream services to involve and provide services for Indigenous children and young people; a funding stream to develop regional/local initiatives; training of staff; a framework for collecting data across agencies; and a new legal model developed in consultation with Indigenous communities from initial investigation through to sentencing.</td>
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<td>Cox, 2008</td>
<td>Gray: Government information sheet</td>
<td>Descriptive</td>
<td>Literature review and expert opinion</td>
<td>National</td>
<td>Historical and contemporary discussion of sexual assault as they impact on Indigenous people and working with Indigenous survivors of sexual assault</td>
<td>Take historical and contemporary aspects of trauma into context; tailor services for survivors; encourage alternative ways of servicing and working with survivors; allow power balance to be equal between all parties; evaluate services; and engage communities in processes for service change.</td>
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<td>Wild and Anderson, 2007</td>
<td>Gray: Government report</td>
<td>Descriptive</td>
<td>Consultation, formal submissions, publications and literature review</td>
<td>NT</td>
<td>The extent, nature and factors contributing to the sexual abuse of Indigenous children, with a particular focus on unreported incidents; barriers to effective responses; practices, procedures and resources for more effective protection and response networks; and government strategies for supporting communities to prevent and respond to child sexual abuse.</td>
<td>The incidence of sexual abuse is directly related to other breakdowns in society. Designate Indigenous child sexual abuse in the NT a matter of urgent national importance with a collaborative partnership developed between the Commonwealth and NT governments to address the issue. Both governments should commit to genuine consultation with Indigenous people to design and implement initiatives. NT government must provide leadership. Long-term funding from the Commonwealth and NT governments.</td>
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<tr>
<td>Thomas, 1993</td>
<td>Gray: Government briefing paper</td>
<td>Descriptive</td>
<td>Expert opinion of government policy officer</td>
<td>NSW</td>
<td>Sexual assault of Indigenous women. Indigenous women lack confidence in police and court systems to provide protection or respond appropriately.</td>
<td>Need a working party to review the effectiveness of the NSW Children’s Court and criminal law system for women and children victims/survivors; access to other Indigenous women to talk to/ provide counseling (if necessary, people with life skills who receive on the job training); community initiatives to create awareness of support services and legal rights and increase access to support services; court support and information; girls groups; a 24-hour crisis center with information, support and counseling by Indigenous women and a telephone counseling service for women and men living in rural or remote communities.</td>
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<td>Gordon, Hallahan, and Henry, 2002</td>
<td>Gray: Report of inquiry</td>
<td>Descriptive</td>
<td>Consultation, formal hearings, submissions and research</td>
<td>WA</td>
<td>Family violence and physical and sexual child abuse</td>
<td>200 recommendations including an independent body to oversee services related to violence and abuse; a community-focused systemic approach; the allocation of resources based on disadvantage and need for planned and integrated primary and secondary service delivery; the use of local action groups; community one-stop shop centers and a community development approach.</td>
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<td>Government of Western Australia, 2002</td>
<td>Gray: Government strategic plan</td>
<td>Descriptive</td>
<td>Response to the Gordon Inquiry (above)</td>
<td>WA</td>
<td>Family violence and physical and sexual child abuse</td>
<td>Employ additional child protection workers and Indigenous support/ counseling workers; provide additional Police facilities and specialist domestic violence police; expand the strong families program, hospital child protection services, sexual assault services and relocate the sexual assault referral center; extend victim support and counseling services; support Indigenous communities to develop local strategies for identification of safe places and persons, and supervise and manage violent offenders.</td>
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<tr>
<td>Atkinson, Nelson, and Atkinson, 2010</td>
<td>Peer review: Book chapter</td>
<td>Program description</td>
<td>Literature review and professional experience</td>
<td>National</td>
<td>Reviewed the effects of trauma within and across generations and links with sexually inappropriate behaviors, violence and incarceration.</td>
<td>Developmental approaches to discussion programs for sex offenders that are voluntary, self-paced and open-ended group programs covering issues of relationships, family, alcohol and drug use, assaults, effects on victims/survivors and family and cultural obligations.</td>
</tr>
<tr>
<td>McCallum and Castillon, 1999</td>
<td>Gray—Conference paper</td>
<td>Program description</td>
<td>Primary: Design and development research with sex offenders, and informed by Canadian programs</td>
<td>Program in NT</td>
<td>Holistic sex offenders program for Indigenous men in correctional centers</td>
<td>Implementation of Indigenous-developed programs such as We-Al-Li and Family Well-Being that focus on the development of community strengths and skills as well as overcoming the behaviors and attitudes that result in dysfunctional communities.</td>
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<tr>
<td>Willis, 2010</td>
<td>Gray: Australian Institute of Criminology report</td>
<td>Measurement and descriptive</td>
<td>The development of a questionnaire designed to capture perceptions of community safety in Indigenous communities, and a survey of 159 workers from service providers in remote, regional, and urban areas.</td>
<td>Urban, rural and remote Indigenous communities in the NT, Queensland and Western Australia</td>
<td>Measures and service providers’ perceptions of community safety in Australian Indigenous communities</td>
<td>Need to do more to deal with overcrowding and the impacts of alcohol misuse. Government to assist communities to address alcohol problems through banning alcohol, alcohol-free areas or times, services to assist people with alcohol problems, education and awareness campaigns, detoxification facilities or safe places, and initiatives to address the underlying reasons for misuse of alcohol. Community-owned solutions such as men’s places, men’s and women’s groups, children’s refuges and shelters, justice groups and night patrols. Services aimed at building better futures for children, such as increasing school attendance and educating young mothers. The questionnaire and methodology are useful for measuring perceptions of safety.</td>
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<tr>
<td>Cripps and Miller, 2009</td>
<td>Peer review: Journal Article</td>
<td>Descriptive</td>
<td>Critique by expert members of the Indigenous Family Violence Partnership Forum and the Victorian Indigenous Women’s Ministerial Advisory Committee which in 2007 consulted widely with Victorian Indigenous women about the issues affecting them.</td>
<td>VIC</td>
<td>Critiques the strategic objectives and actions of VIC’s 10 year Indigenous family violence plan, resultant strategies by Indigenous Family Violence Regional Action Groups, and associated legislation</td>
<td>Break the silence of acceptance around family violence, sexual assault, elder abuse, child abuse and neglect. Establish specific services, including culturally appropriate counseling services for children who have witnessed or been the victims/survivors of violence; publish full details about linkages with other intersecting legislative, policy and program areas; and get the data and data systems right.</td>
</tr>
</tbody>
</table>

(continued)
Table 1. (continued)

<table>
<thead>
<tr>
<th>First author, year</th>
<th>Peer reviewed or gray literature</th>
<th>Study type (intervention or descriptive)</th>
<th>Data and method</th>
<th>Location</th>
<th>Focus/response type</th>
<th>Recommended strategies/actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stewart and Jubb, 2005</td>
<td>Gray: Conference paper summarized in Keel et al. Australian Inst. of Family Studies ACSSA Issues no. 3 March 2005</td>
<td>Descriptive</td>
<td>Expert opinion of members of Victorian Aboriginal Legal Service Cooperative (VALS)</td>
<td>VIC</td>
<td>Legal justice system and social intervention in family violence. Police and Court processes are failing Indigenous Australians experiencing family violence—A trend toward a pro-prosecution approach is concerning.</td>
<td>Space should be created for intervention in family violence based on an Indigenous community-led approach or involving the community; holistic in approach that means dealing with underlying issues; and providing alternatives to the legal justice system that operates either in a standalone capacity to the legal justice system, in conjunction with the legal justice system, or both.</td>
</tr>
<tr>
<td>Wall and Stathopoulos, 2012</td>
<td>Gray: Australian Institute of Family Studies—Australian Centre for the Study of Sexual Assaults report</td>
<td>Descriptive</td>
<td>Consultation with six sexual assault services</td>
<td>National</td>
<td>Issues arising in the provision of sexual assault service delivery in regional, rural and remote areas of Australia</td>
<td>Services developed local responses, suggesting they were an untapped resource of ideas and innovative thinking. Local context drove flexibility, e.g., drop-in services. Yet innovative responses were also translated and adapted for use in other communities. Opportunities to evaluate local measures were needed.</td>
</tr>
<tr>
<td>Greer, 1997</td>
<td>Gray: Domestic Violence and Incest Resource Centre Newsletter</td>
<td>Descriptive</td>
<td>Projects described at a forum for workers who provided a service to Koori victims/survivors of family violence</td>
<td>NSW</td>
<td>Creating better services for Indigenous people.</td>
<td>Projects included: WOW; an Aboriginal Women's Resource Centre; information sessions for Indigenous women on the Family Law Court; consultations between the NSW police service and Indigenous women; and the NSW training program adapted for Indigenous service providers and communities. Indigenous people needed mainstream help.</td>
</tr>
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</table>
| NSW Ombudsman, 2012 | Gray: Report | Descriptive | Consulted more than 2,000 people in 12 target communities; plus data from Police on the incidence of Indigenous child sexual abuse in the 12 communities, sampled 60 children reported to Community Services as at risk and examined their education, health and child protection records. Also reviewed information held by the Office of the Director of Public Prosecutions relating to 27 prosecution cases involving 45 Indigenous children and 30 defendants. Conducted a literature review of the nature and extent of issues and underlying causes of disadvantage and dysfunction in Indigenous communities. | NSW | Audit of the implementation of the Interagency Plan To Tackle Child Sexual Assault in Aboriginal communities | 93 recommendations to improve the NSW government’s efforts around child sexual assault. The first recommendation was to develop a state-wide healing strategy considering:

a. an agency to lead implementation;
b. a partnership with the Aboriginal and Torres Strait Islander Healing Foundation to review, evaluate and fund healing programs;
c. a process for identifying and evaluating existing NSW healing programs with the aim of building a solid evidence base in relation to the core components of successful programs;
d. a funding pool across government agencies to support a more consistent approach to supporting healing programs. |

Note. FNQ = Far North Queensland; NT = Northern Territory; NSW = New South Wales; QLD = Queensland; VIC = Victoria; FVPLS = Family Violence Prevention and Legal Service; WA = Western Australia; VALS = Victorian Aboriginal Legal Service; WOW = Women Out West.
Only two of the studies focused on programs delivered at a local level (Due & Riggs, 2012; McCallum & Castillon, 1999). Most described macro state-wide, cross-state, or national strategic plans and approaches. Yet one of the principles expounded by studies was the need for community development approaches within local communities (Cox, 2008; Gordon et al., 2002; Willis, 2010). Studies suggested six promising responses and/or recommendations (outlined in Table 3). However, without evidence for what works at local levels, there was no guidance on which services can make decisions about particular responses to sexual assault.

The findings of the literature search were presented to key stakeholders at a meeting of service providers in the discrete Indigenous community within which the new sexual assault service was being established. Stakeholders included representatives from the mainstream sexual health service, other regional and local health and welfare service providers, advocacy organizations, and community members. Despite the lack of evidence from this review, service providers within the community were keen to pursue long-term strategies to better respond to sexual assault. They agreed to support and promote a weekly visiting service from the mainstream service provider, with a counselor to be available across different services (to protect confidentiality and reduce the potential stigma associated with seeking help for sexual assault-related issues). In addition, community members were encouraged to attend the regional service’s headquarters. Community stakeholders committed to seeking further funding to further develop and evaluate a tailored community-based approach, with university research partners. Funding submissions to date have been unsuccessful.

Limitations

There were methodological limitations within the design of this study. Although the protocol guided the rigorous and thorough search strategy, potential limitations include the possibility that the search did not locate all the relevant studies. For example, our omission of the broader family violence literature may have meant that we missed relevant sexual assault studies that had been framed within the broader family violence concept and terminology. Similarly, our omission of the literature of mainstream sexual assault health responses meant that we are likely to have missed studies of interventions that included Indigenous Australians but did not specifically identify the interventions as Indigenous. Relevant intervention evaluations may have been misclassified; however, the research protocol was adhered to minimize bias and a high level of agreement between blinded coders suggests not. The researchers perceived no potential conflicts of interest inherent in the context of the study.

Discussion

This article identified a complete lack of evidence from the published peer review or gray literatures on what works in responding to Indigenous sexual assault. Furthermore, there was a paucity of program descriptions. We found only two studies that described responses for victims/survivors of sexual abuse (the Indigenous Australian developed We-Ali and Family Well-Being Programs (Atkinson et al., 2010), and an analysis of the feasibility and acceptability of adapting a Canadian Indigenous program (Cripps & McGlade, 2008). Hence, there is currently insufficient evidence from peer review or gray literature studies of sexual assault responses targeting Indigenous Australians to confidently direct practice or policies regarding what strategies are likely to be effective in responding to sexual assault.

What the review did confirm was that a starting point for any new service is to engage with local community members. Taking this principle on board, the regional service that commissioned this literature search interviewed 47 members from a discrete Aboriginal community, asking four simple questions about their knowledge of the community’s current response to sexual assault, knowledge of past strategies, perceptions of barriers to people coming forward about sexual assault, and suggestions for future strategies. Like Bligh’s (1983) study 30 years earlier, the consultation found that community members knew about the availability of generic health, Police, and school services, but highlighted that in general, sexual assault was not being adequately responded to. Instead, the victims of sexual assault responded personally with shame, fear of family retaliation, family and community pressure, and unwanted attention. Perceptions of barriers for people coming forward about sexual assault included personal barriers of shame, fear, denial, and lack of knowledge of what process might ensue once sexual assault was disclosed. Family barriers included family members not being willing to listen or believe, blaming, denial to protect other family members and bullying, retaliation, and family fights. As well, community members noted service barriers such as a historical distrust of government organizations and fear of breaches of confidentiality particularly given that workers were often family members and many lacked the requisite understanding or training in issues of confidentiality. As well, community members perceived a decline in the availability of women’s resource center services over time. Community barriers included what members perceived as a culture of male dominance, with women and children being ignored or silenced, and a cycle of violence. Community members

<table>
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<tr>
<th>Intervention Research</th>
<th>Program Descriptions</th>
<th>Measurement Research</th>
<th>Descriptive Research</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>4</td>
<td>1</td>
<td>18</td>
<td>23</td>
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</table>
identified seven strategies for responding to sexual assault. These were: sustained awareness-raising and service promotion through local resource development branded with a language name for sexual assault and providing contact details for who to call and where to report; education at community events and in schools; training for health practitioners to respond culturally and appropriately including for assessments; safe houses with dedicated workers who could respond over a 24-hr period and a 1800 free-call number; prevention rather than just intervention; a youth drop in service; and increased parent involvement.

The urgent need to reduce the disproportionately high rates of sexual assault experienced by Indigenous Australians and to improve responses to sexual assault has been widely acknowledged. For this to occur, there is an urgent need to develop evidence-based programs and evaluate extant programs and policies. Collaboration and partnerships between service providers, community groups, funding bodies, and researchers are critical for systematically building the evidence as to what works and under what conditions. However, most of the descriptive literature described macro state-wide, cross-state, or national strategic plans and approaches rather than locally based initiatives. Without evidence for what works at local levels, there was no guidance on which services, such as the regional service that commissioned this search, could make decisions about situated responses to Indigenous sexual assault.

Systematic literature searches such as this are important for determining the state of evidence about the issue of concern, but cannot determine why there has been so little evaluation research in Indigenous sexual assault. Possibly, Indigenous communities have struggled with how to respond to family violence and the sensitivities associated with sexual assault have not garnered the same attention. Sexual assault service providers may have been concerned about the under-utilization of their services by Indigenous people but lacked the resources to respond, or to document their responses. Similar to our experience, community stakeholders may have been frustrated in their attempts to obtain funding for collaborative research with university research partners. The reflections of the project worker from the regional sexual assault service are telling. On completion of the project, she said,

Opportunities for the follow on from this project are endless! My feelings with my role in this project are that I could easily have been involved with [community name] for another year, if not longer . . . It takes time for one individual to spend time looking at sexual assault and what this means to them, let alone a whole community . . .

In this case, the trust developed through engagement with community members in this project, provided solid grounding for informing the establishment of a part-time sexual assault counseling service at the local community-controlled health service. Nevertheless, the complexities and sensitivities of responding appropriately to Indigenous sexual assault clearly outweigh this level of minimal resourcing.

This review makes it apparent that despite public outcry, the evaluation of public health and other responses to Indigenous sexual assault is heavily under-resourced and requires investment. There is a need for a long-term commitment to consistent community responses to sexual assault and rigorous evaluation methods. While evaluations of sexual assault interventions using non-experimental designs may be easier and cheaper to implement, they are unlikely to provide strong evidence applicable to other Indigenous communities. Instead, methodologically rigorous mixed method studies such as multiple baseline designs can be applied to test the effectiveness of those promising interventions identified in the literature across geographically and culturally diverse Indigenous population groups. Such evaluation will

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**Table 3. Promising Approaches.**

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<tr>
<th>Promising approaches</th>
<th>References</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collaborative partnerships between Commonwealth, state and territory governments and commitment to sustained funding</td>
<td>Aboriginal Child Sexual Assault Taskforce, 2006; Government of Western Australia, 2002; Keel, 2004; Thorpe, 2004; Wild and Anderson, 2007</td>
</tr>
<tr>
<td>Coordinated approach to service delivery with intersecting legal, media, community-based and mainstream services</td>
<td>Cox, 2008; Cripps and Miller, 2009; Thomas, 1993; Thorpe, 2004; Victorian Family Violence Prevention and Legal Service, 2010</td>
</tr>
<tr>
<td>Community focused and community defined services and programs</td>
<td>Atkinson et al., 2010; Cox, 2008; Cripps, 2008; Gordon, 2002; Aboriginal Child Sexual Assault Taskforce, 2006; Willis, 2010</td>
</tr>
<tr>
<td>Indigenous justice models that draw on restorative and conventional criminal justice models</td>
<td>Marchetti, 2010; Stubbs, 2009</td>
</tr>
<tr>
<td>Voluntary group discussion programs for sex offenders</td>
<td>McCallum and Castillon, 1999</td>
</tr>
<tr>
<td>Employment of Indigenous workers and cross-cultural training for non-Indigenous staff</td>
<td>Aboriginal Child Sexual Assault Taskforce, 2006; Cripps and Miller, 2009; Gordon, 2002; Government of Western Australia, 2002; Greer, 1997; Victorian Family Violence Prevention and Legal Service, 2010</td>
</tr>
</tbody>
</table>

*Note. NSW = New South Wales.*
provide evidence to inform the implementation of future interventions with a greater likelihood of more effectively responding to Indigenous sexual assault.

**Declaration of Conflicting Interests**
The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

**Funding**
The author(s) disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: The author received financial support from the regional sexual assault service for the literature search, but the authorship of this article was not funded.

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Author Biographies

Janya McCalman is a post-doctoral public health researcher and health promotion practitioner and has worked in Aboriginal Australian settings over the past 15 years. Janya has expertise in qualitative research including action research, systematic literature searches and grounded theory. Her current research focus is mental health and wellbeing promotion, and the implementation of evidence-informed innovations.

Francesca Bridge is a student in the School of Medicine, Deakin University. She has expertise in systematic literature searches, particularly relating to Indigenous Australian health and wellbeing.

Mary Whiteside has a long history of involvement in research and development in community settings, including Australian Aboriginal and international contexts. The focus of her social work practice and her research has primarily involved child and family support, health promotion, community development, service development and workforce capacity building, using qualitative and participatory research approaches.

Roxanne Bainbridge is a Gungarri Aboriginal researcher and part of a growing body of Indigenous scholars – the National Indigenous Research and Knowledges Network - who are endeavouring to significantly increase the quality of research involving Indigenous Australians. Her work is embedded in Indigenous empowerment and social inclusion research and has a particular focus on the social determinants of Indigenous health and wellbeing. Her current research focus is mentoring into education and employment for Indigenous students.

Komla Tsey is a social science researcher with extensive experience in community development, empowerment and related participatory and social inclusion research that spans three decades. Since 2001, Komla has been the Program Leader for 10-year program of empowerment research involving over a dozen community organisations and government agencies. Current interests include sustainable development; education; empowerment; knowledge systems; social equity; health and wellbeing; research partnerships; and evidence base policy and practice.

Crystal Jongen is a social worker and psychologist and has worked responsively in partnership with Indigenous Australian community controlled organisations to conduct systematic literature searches, engage to develop research projects and provide feedback on research project findings.