



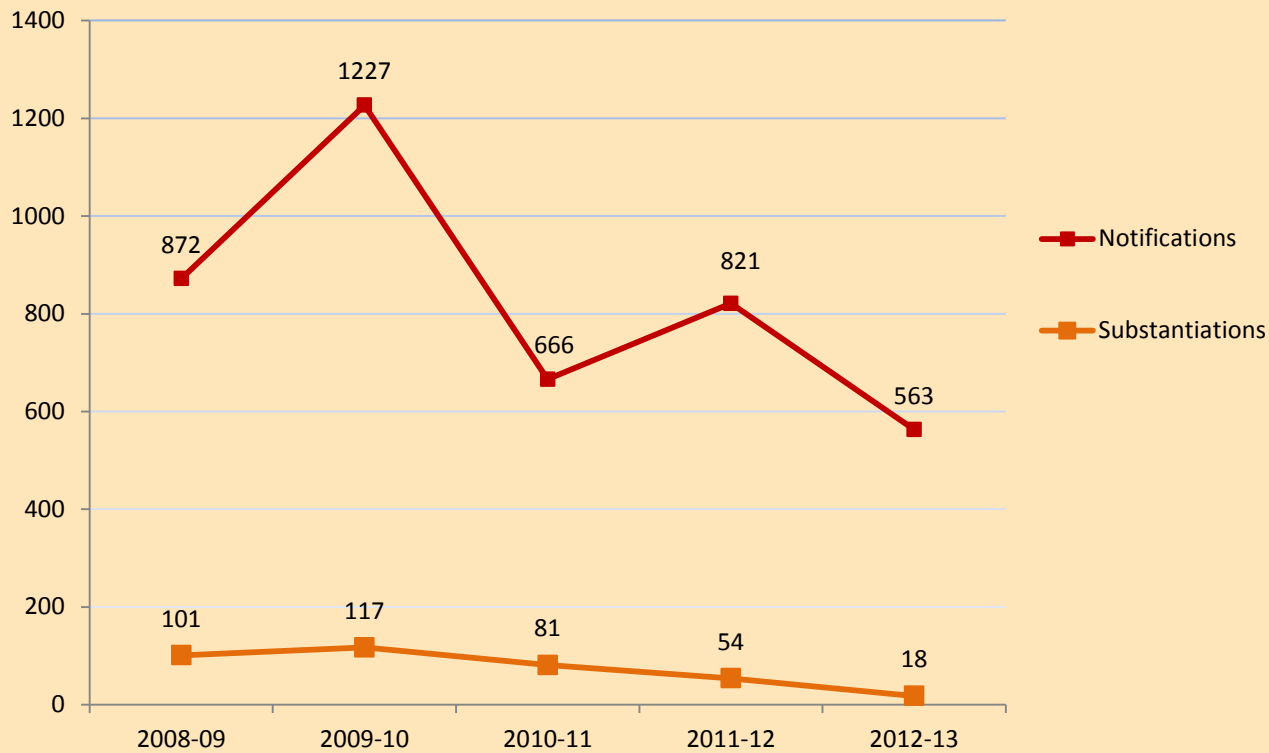
**After the Intervention: The ongoing challenge of  
ensuring the safety and wellbeing of vulnerable children  
in the Northern Territory**

**Howard Bath**

**CFCA information exchange webinar/seminar**

**21 November 2013**

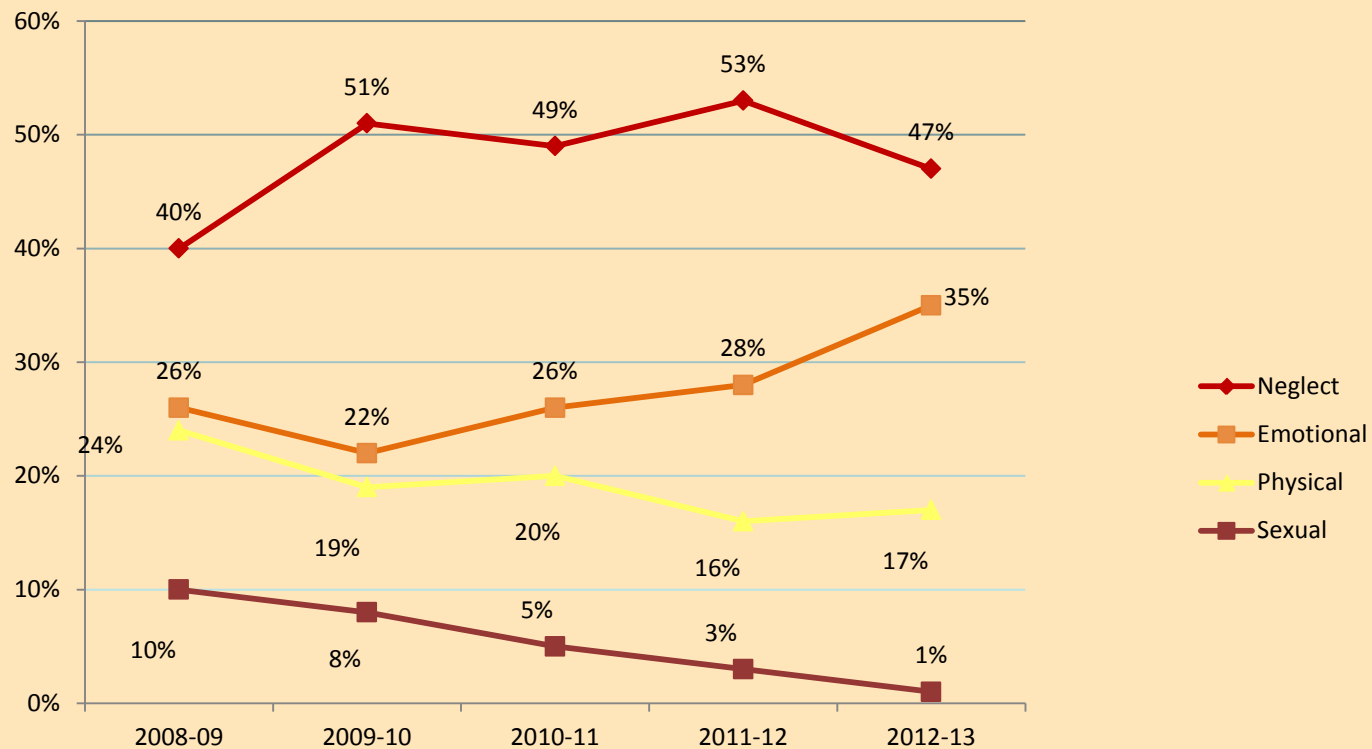
# NT Sexual Abuse Notifications and Substantiations 2008-09 to 2012-13



Source: DCF 2013



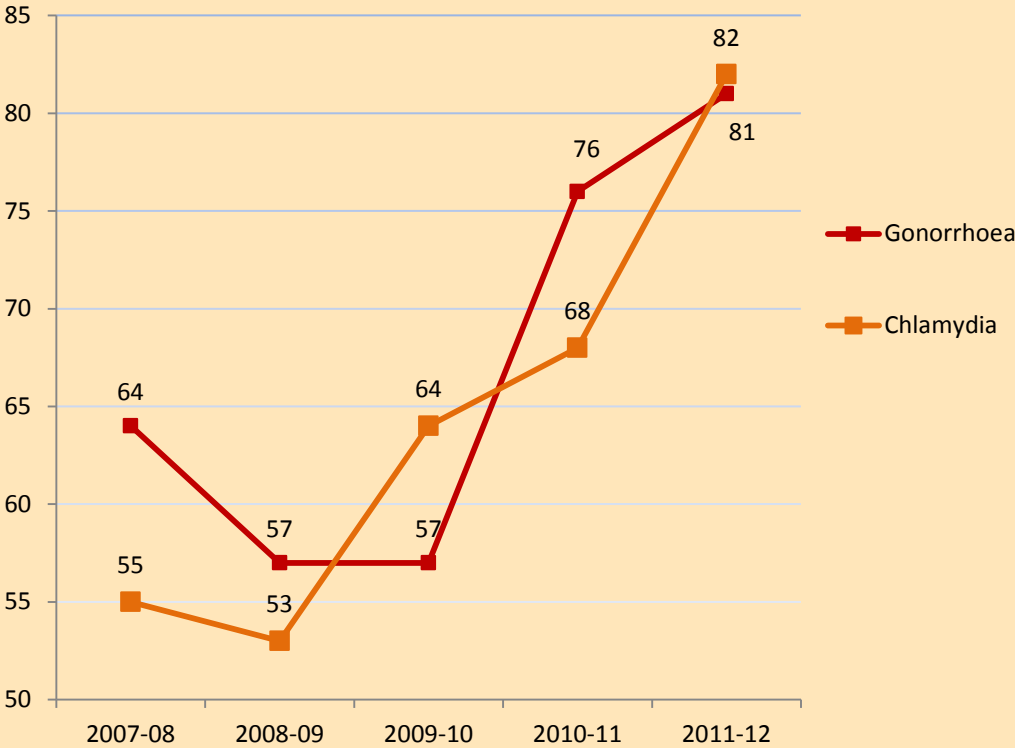
# Substantiations by Type of Abuse/Neglect, 2008-09 to 2012-13 (percentages)



Source: OCF 2013



# Notifications of Gonorrhoea and Chlamydia by 10-14 age group, 2007-08 to 2011-12.



Source: NT Department of Health - Centre for Disease Control



# Developmental hazards disproportionally faced by Aboriginal children in the NT

- Exposure to family violence
- Teen parenting (carer instability, poverty)
- Exposure to alcohol in utero
- Exposure to nicotine in utero
- Parental use of other substances
- Poor nutrition
- Various diseases such as otitis media, and anaemia
- Abuse and neglect

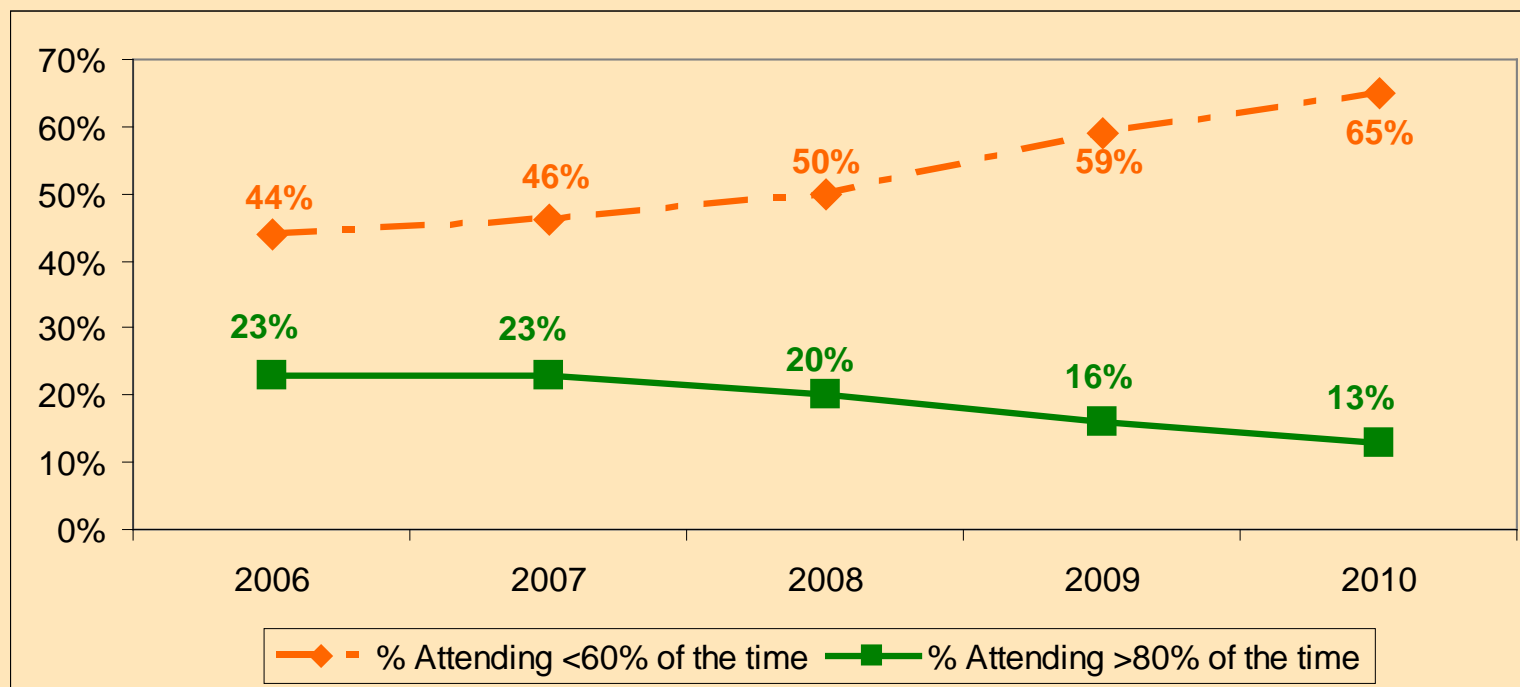


# The impact of developmental hazards faced by Aboriginal children in the NT

- **Infant mortality** rates 3 times those of other Australian infants
- Highest **child death rates** due to injury and accident
- Lowest **school attendance/achievement**
- Highest rate of **youth justice incarceration**
- Highest **child and youth suicide rates**
- Highest rates of **developmental vulnerability**



# School attendance of very remote Aboriginal children in the NT by year

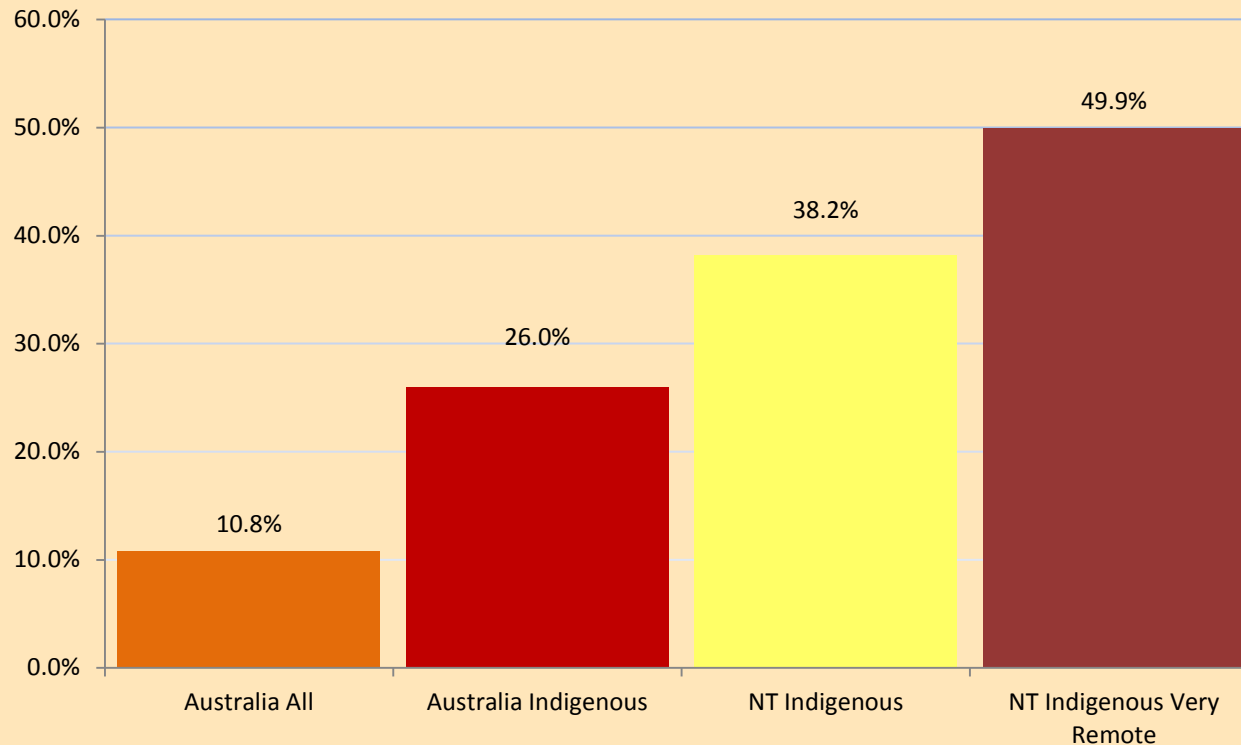


Source: NT Department of Education and Training





# Children who are developmentally vulnerable on two or more domains of the AEDI 2012 (percentages)

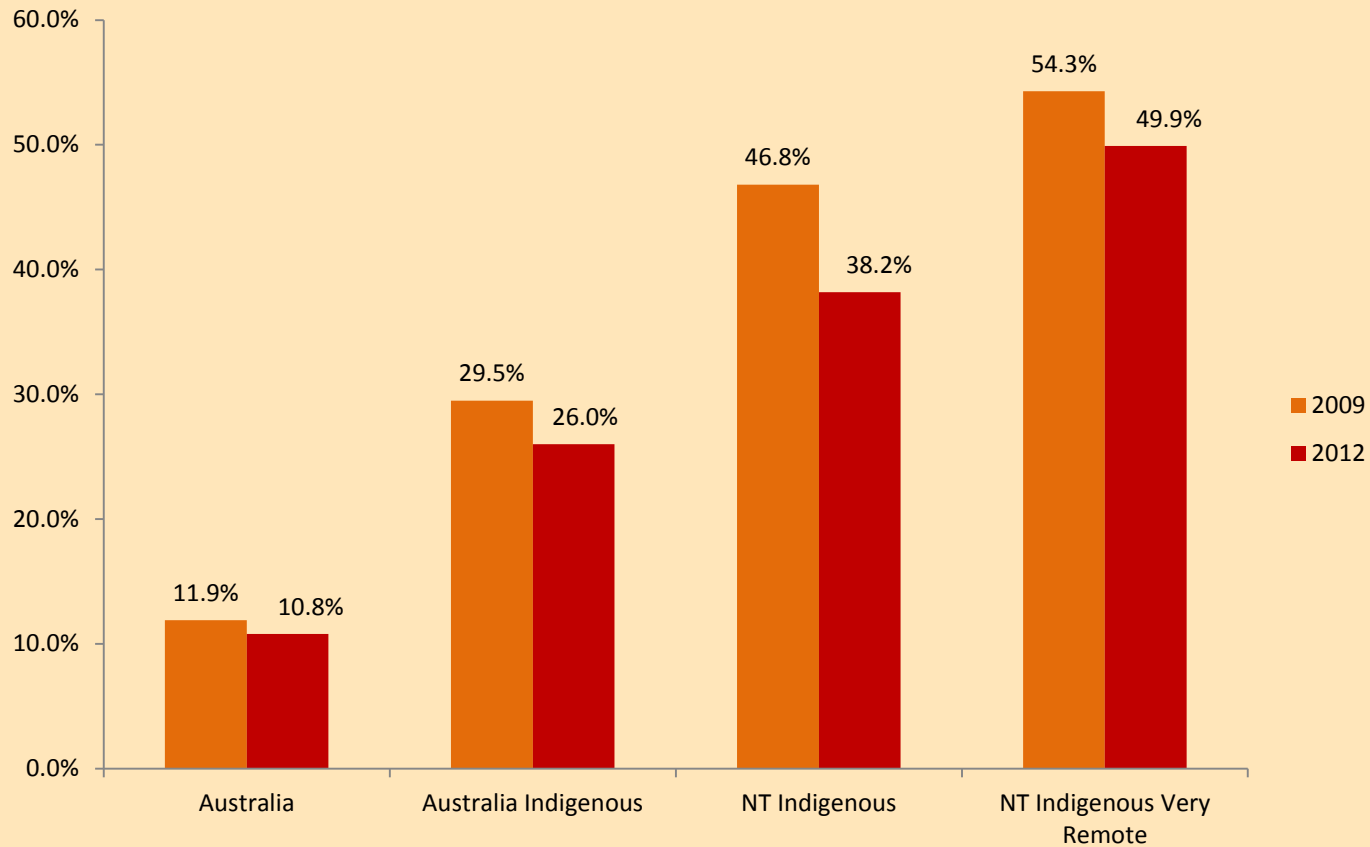


Source: AEDI (2013)





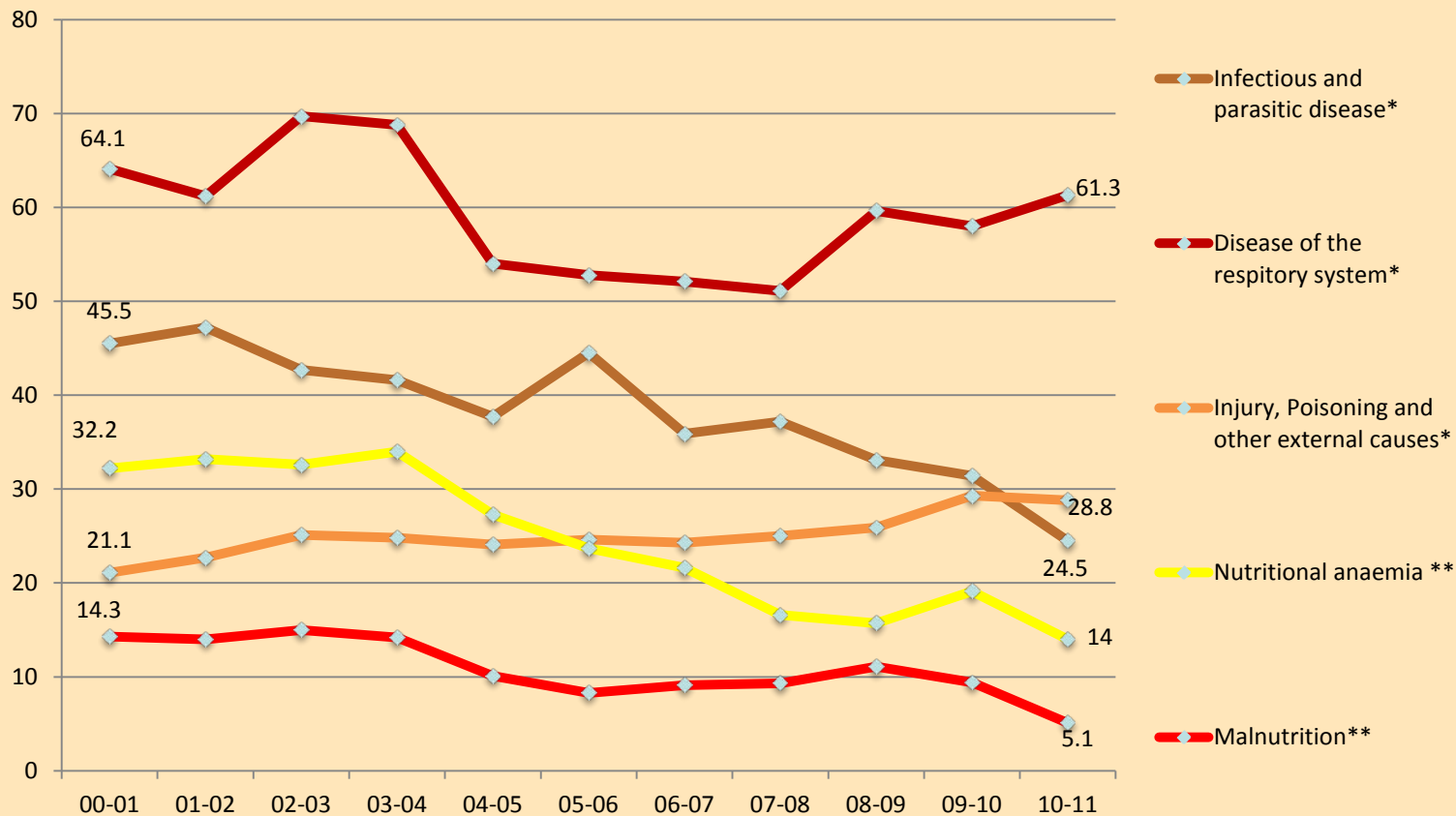
# Children who are developmentally vulnerable on two or more domains of the AEDI, 2009 and 2012 (percentages)



Source: AEDI (2010 & 2013)



# Hospitalisation rates for Indigenous children by condition 2000-01 to 2010-11 (per 1,000)



Source: CTG NT Monitoring Report (2013)

\* Children aged 0-14

\*\*Children aged 0-15



*Trauma theory proposes that the origin of a significant proportion of physical, social, and moral disorder lies in the direct and indirect exposure to external traumatogenic agents*

Bloom & Farragher, 2011 , p. 123



# Adverse Childhood Experiences Study

## Household Dysfunction

Substance abuse

Parental separation/divorce

Mental illness

Domestic violence

Criminal Behavior

## Abuse

Psychological

Physical

Sexual

## Neglect

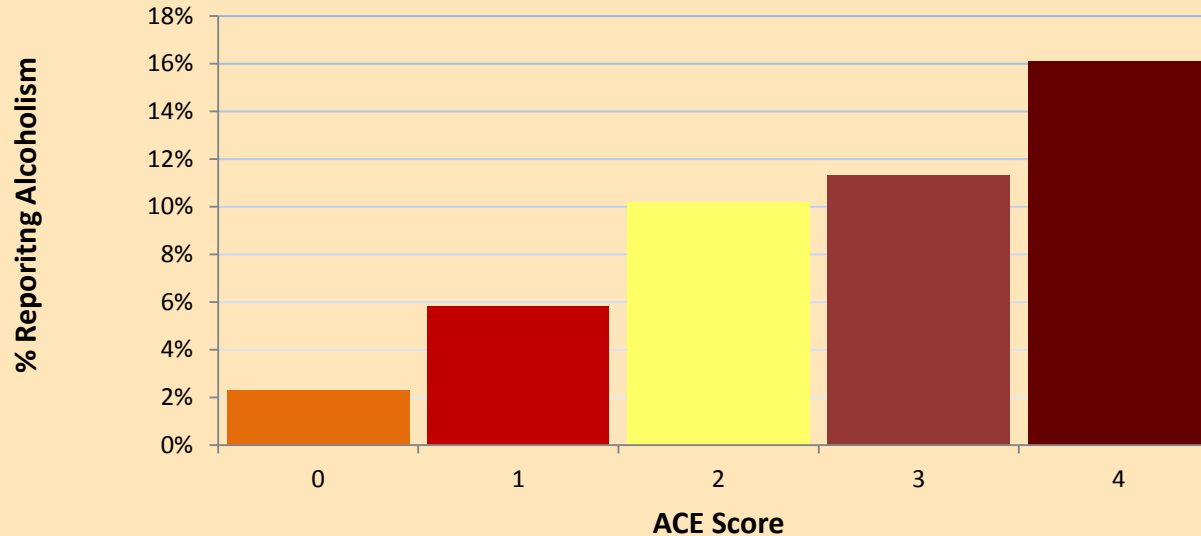
Emotional

Physical



# Ace Study

## Dose-Response Findings



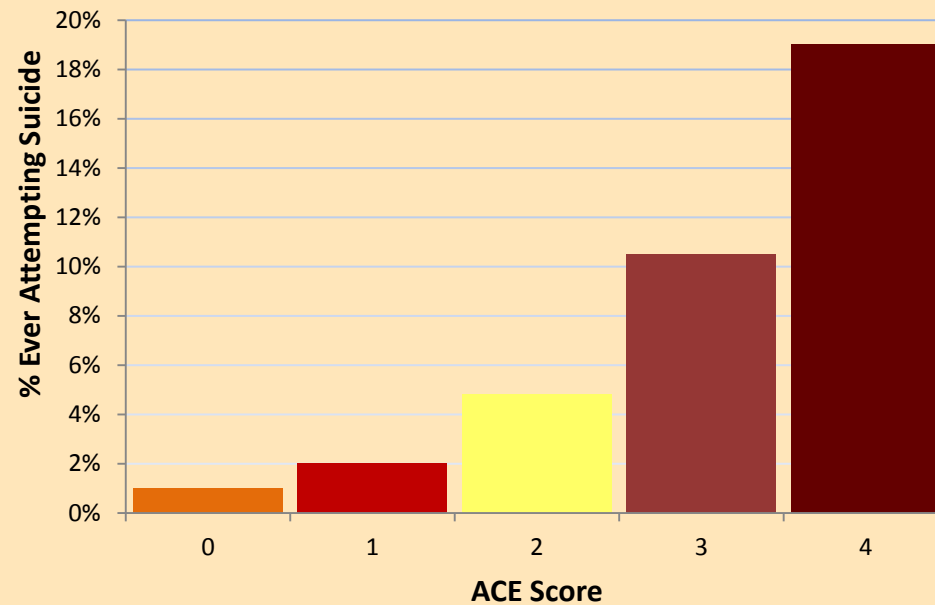
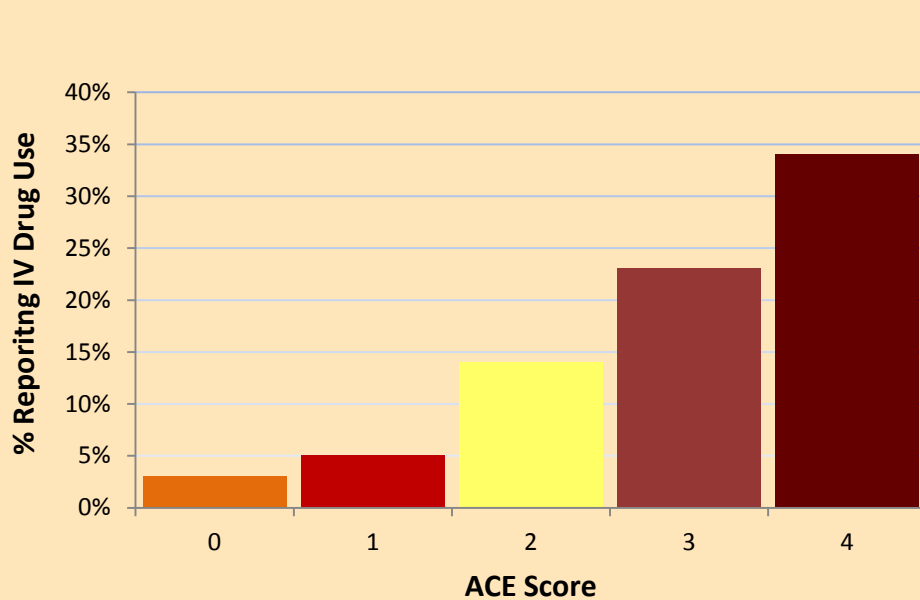
*We found a strong graded relationship between the breadth of exposure to abuse or household dysfunction during childhood and multiple risk factors ...in adults*

Adapted from Felitti, VJ, Anda, RF et al (1998)



# Ace Study

## Dose-Response Findings

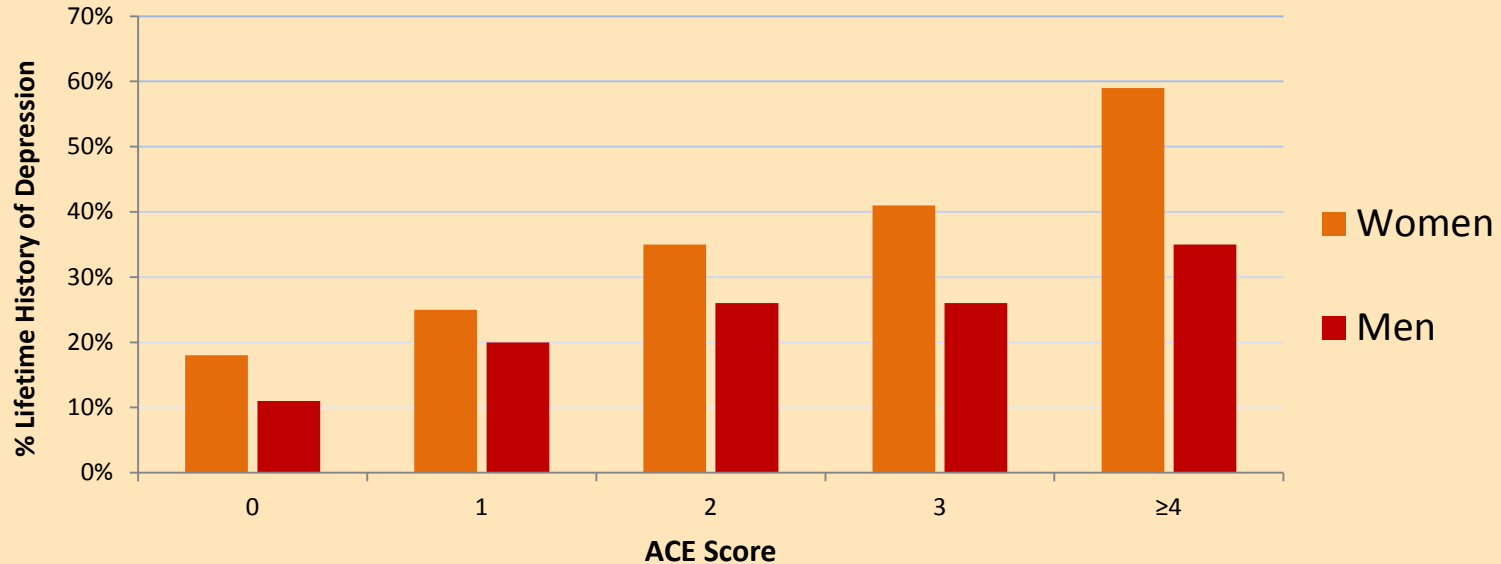


Source: Adapted from Felitti, VJ, Anda, RF et al (1998)



# Ace Study

## Dose-Response Findings



Source: Felitti, VJ, Anda, RF et al (2010)

The population attributable (to ACEs) risk is 54% for depression and 58% for female suicide attempts



*‘These findings provide a credible basis for a new paradigm of medical, public health and social services practice...’*

*‘Many of our most intractable public health problems are the result of compensatory behaviours such as smoking, overeating, and alcohol and drug use, which provide partial relief from the emotional problems caused by traumatic childhood experiences.’*





# Trauma Affects...



- social skills and attachment
- biological systems and medical issues
- regulation of emotions/impulses
- dissociation
- behavioural control
- cognitive functioning
- self-concept, shame and guilt
- future orientation

**The most significant consequence** of early relational trauma is the loss of the ability to regulate the intensity and duration of affects

Allan Schore



**At the core of traumatic stress** is a breakdown in the capacity to regulate internal states like fear, anger, and sexual impulses

Bessel van der Kolk



*Children exposed to repeated episodes of overwhelming arousal ...may never develop their capacity to self-regulate...*

*they may be chronically irritable, angry, unable to manage aggression, impulsive, anxious or depressed.*

Bloom & Farragher 2011



# Violence in the Northern Territory

- Aboriginal people in the NT are twice as likely to be hospitalised for assault as are Aboriginal people in the rest of Australia (AIHW).
- The latest *Closing the Gap* report revealed that the night patrols which were set up as a first response to violence or potential violence, dealt with over 84,700 incidents in the last 6 month reporting period, or 160,000 incidents p.a. – that is in a target area of around 30,000 adults.



# Violence in the Northern Territory

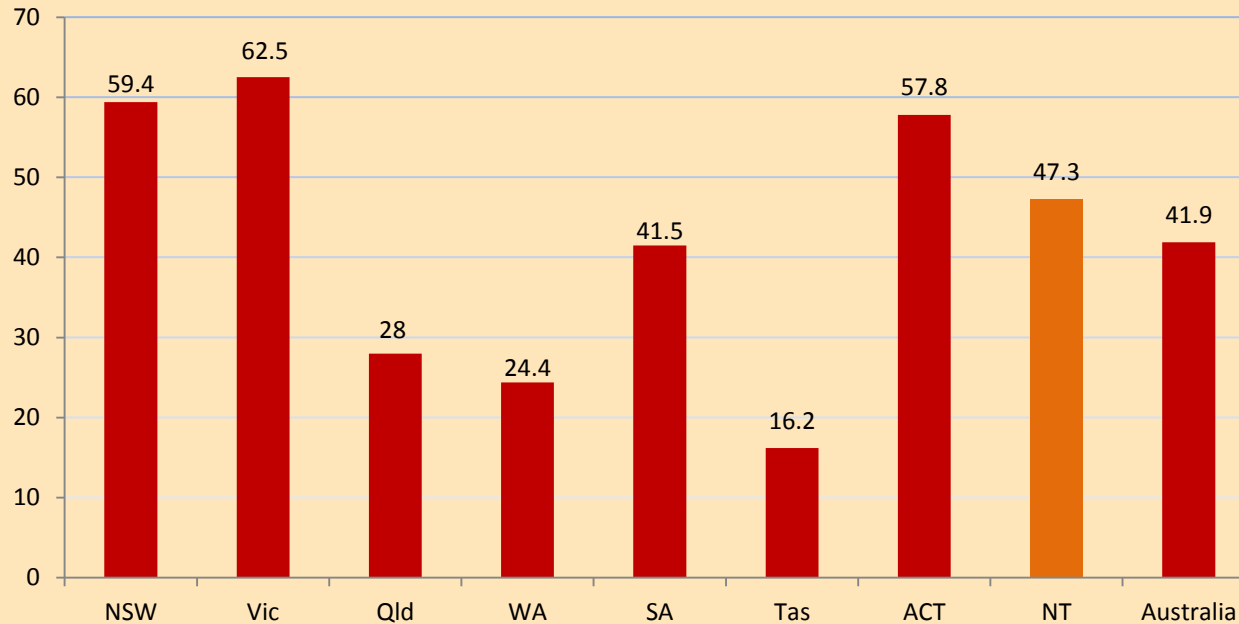
- Aboriginal women in the NT make up only 0.3% of all Australian women, but **they account for 14% of the hospitalisations for assault.**
- In 2009/10, **27** non-Indigenous women had assault related admissions to hospital in the NT. In the same period **842** Aboriginal women were admitted.
- Aboriginal women in the NT are **80 times more likely to be hospitalised** as a result of assault.

AIHW, National Hospital Morbidity Database, 2011/12





# National Comparison Aboriginal Children Substantiation rates during 2011–12 (number per 1,000 children)



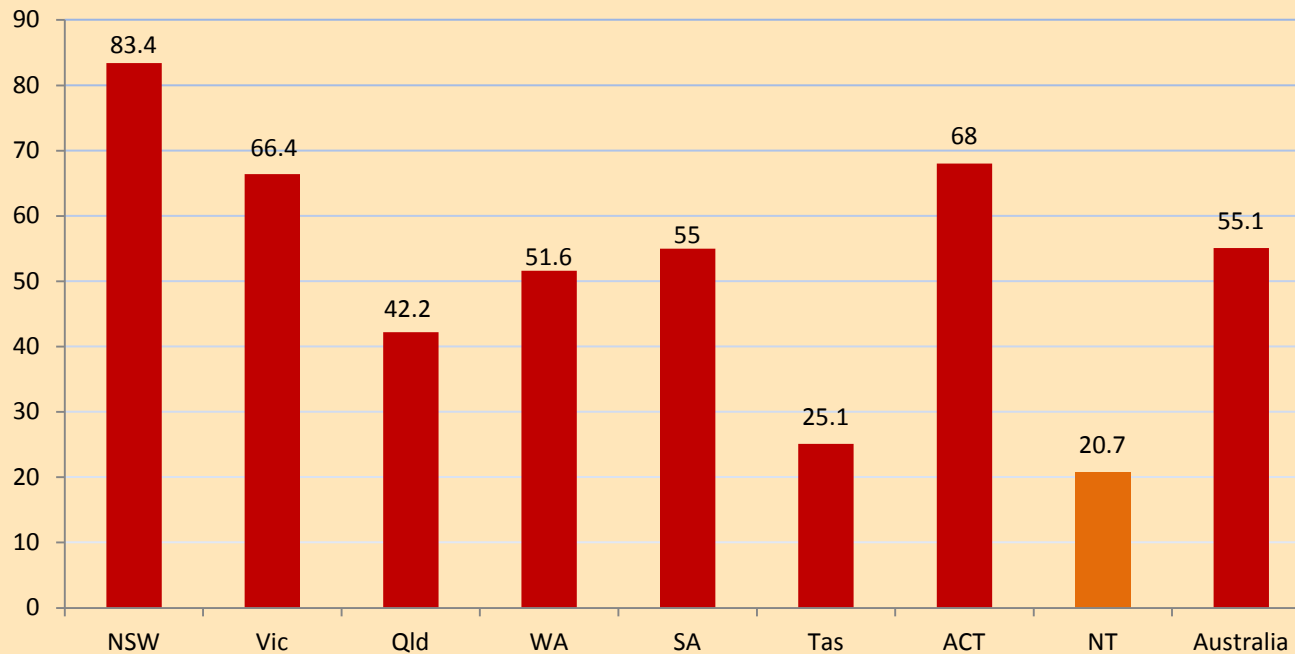
Source: AIHW 2013 (adapted from table 2.4)

Note: AIHW Caveats apply.





# National Comparison of Aboriginal Children in care rates at 30 June 2012 (number per 1,000 children)



Source: AIHW 2013 (adapted from table 4.4)

Note: AIHW Caveats apply.





# Number of Repeat Substantiations within a 12 Month Period

	Number	Percentage
<b>Children with a substantiation in 2010-11</b>	1425	100.0%
<b>Children re-substantiated within 12 months</b>	337	23.6%

Source: OCF 2012







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