Office of
The Children's Commissioner
NORTHERN TERRITORY

Our Ref: 2014/0568~2
Your Ref:

Ms Megan Mitchell
National Children's Commissioner
GPO Box 5218
Sydney NSW 2001

Sent Via Email

Dear Ms Mitchell,

RE: SUBMISSION TO THE AUSTRALIAN HUMAN RIGHTS COMMISSION REGARDING THE IMPACTS OF DOMESTIC VIOLENCE ON CHILDREN

I refer to your email dated 1 May 2015 where you requested a submission relating to your examination of the impacts of domestic violence on children. I appreciate the extension to allow my office to provide this submission with a specific focus on the NT context.

A picture of a key Developmental Hazard – Domestic Violence

Even though domestic violence is a core component of the safety picture in the community the broader issue of violence within our communities needs to be discussed in the context of child development as a large portion are witnessed by children without it necessarily being consider domestic in nature. Having said that, it is clear that the pervasive and inescapable nature of domestic violence exposure means that it is one of the most damaging forms of complex trauma.

Research shows us that witnessing extreme levels of familial and community violence has a substantial impact on a child's neurological development, crucially around the 0-3 age range, and impairs the child's ability to 'regulate internal states like fear, anger, and sexual impulses'.[1] It is this inability to regulate emotions that leads, for example, to a minor

[1] van der Kolk, B. (2005). Developmental Trauma Disorder: towards a rational diagnosis for children with complex trauma histories. Psychiatric Annals, 33(5), p.403.

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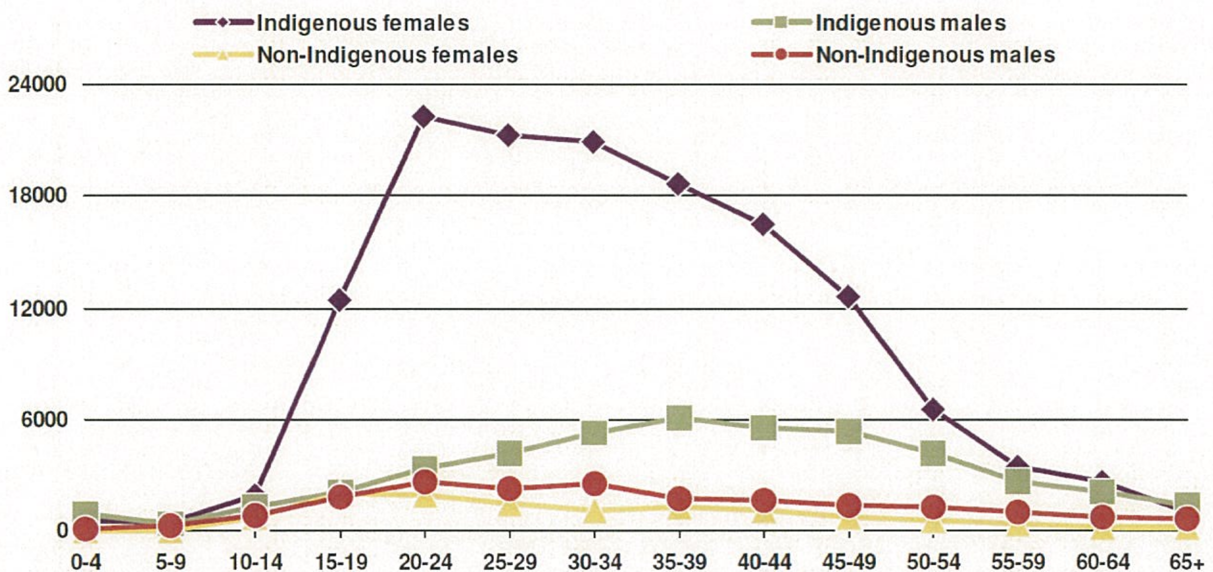
frustration rapidly escalating into rage; anxiety descending into terror; or sadness morphing into overwhelming grief. Add any other deregulating elements such as alcohol, head injury or group contagion, and the problem is greatly exacerbated.

In the NT the level of violence both generally and in a domestic context relating to Indigenous females is without peer within Australia. Consequently, the exposure of this violence by children has dramatic developmental implications that will last a lifetime.

Key Statistics

Figure 1: Assault victims per 100,000 relevant population by age, sex, and Indigenous status, 2011-12



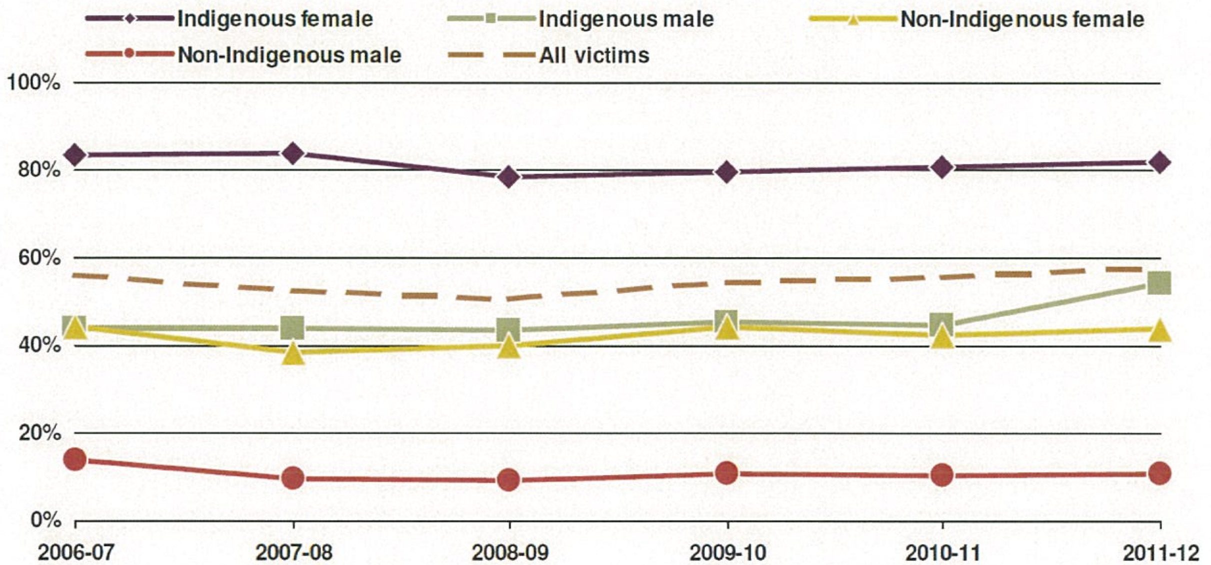
Source: NT Government – NT Annual Crime Statistics Issue 1: 2011-12

As shown in Figure 1 the assault victim rates for Indigenous females dramatically increases at around the age of 15 and continues at a very high rates until about the age of 50 where it returns to similar rates to Indigenous males. From the ages 20 to 34, Indigenous female rates appear to be above 20,000 per 100,000 which equates to 20 per cent of that portion of the population being subject to an assault in any one given year. However, there would be a number of victims where repeat offences would have occurred though is still an indication of the level of violence existing in the community.

Figure 2 shows that for Indigenous females just over 80 per cent of assaults are domestic related. This is in contrast to non-Indigenous females which sit around 44 per cent. There is also a substantial difference between the percentages of Indigenous males (54%) and non-Indigenous males (11%) where the assault is domestic related. It is interesting to note that the Indigenous male percentage is higher than the non-Indigenous female percentage. It highlights the severe domestic related violence reality this cohort faces.

Whilst these figures are a few years old, 2013-14 numbers held by NT Police indicate a similar pattern. The newer figures are not publically available.

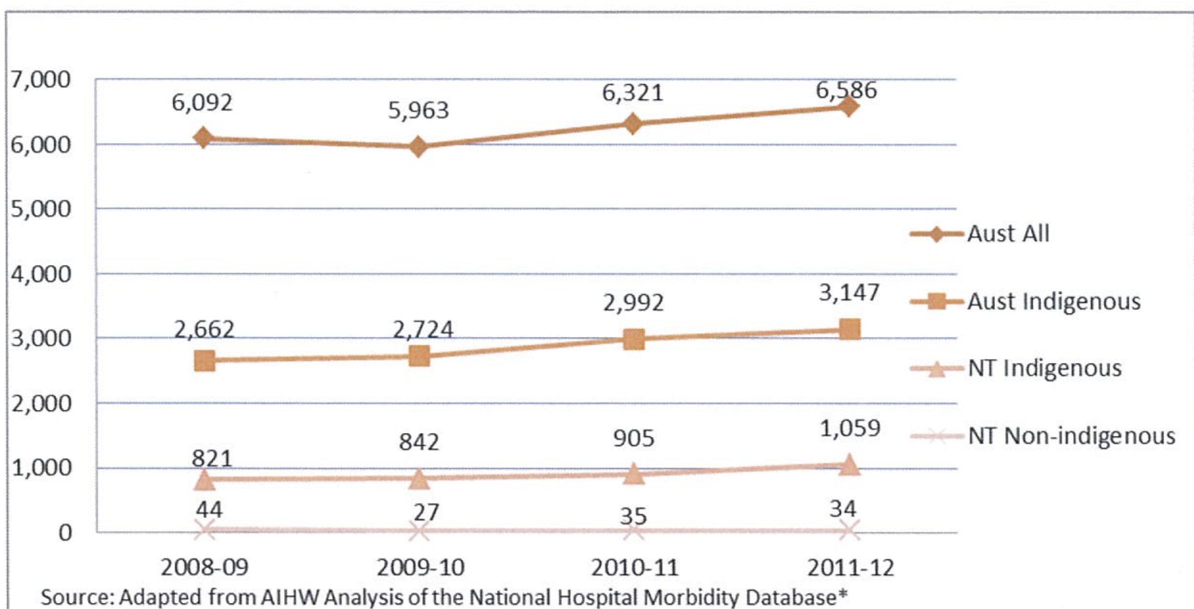
Figure 2: **Percentage of assault victims for whom domestic violence was involved, by sex and Indigenous status, 2007-08 to 2011-12**



Source: NT Government – NT Annual Crime Statistics Issue 1: 2011-12

The Australian Institute of Health and Welfare (AIHW) maintains the National Hospital Morbidity Database (NHMD), which consists of data compiled from all the jurisdictions in Australia relating to hospital (both public and private) separations. This includes the causes of injury which are coded using the International Statistical Classification of Diseases and related Health Problems, Tenth revision, Australian Modification (ICD-10-AM). The figure below shows hospital separations that occurred as a result of assault. A four year period is shown from 2008-09 to 2011-12.

Figure 3: **Number of Female Hospitalisations for Assault, by Indigenous Status, NT and Australia, 2008-09 to 2011-12**



Source: Adapted from AIHW Analysis of the National Hospital Morbidity Database*

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As shown in Figure 3 and consistent with the crime statistics, Indigenous females both in Australia and the NT are substantially over-represented for hospitalisations resulting from assault. The sheer number of NT Indigenous female hospitalisations in 2011-12 made up 16.1 per cent of all female hospitalisations in Australia while only making up 0.32% of the total female population[2].

If you examined the rate ratio for NT Indigenous females versus NT non-indigenous females is very volatile, ranging from 41.2 to 80.3 over the four years. The volatility is largely due to the small numbers of NT non-indigenous assaults (which ranged from 27 - 44) over the four years – a small change in these numbers can lead to a large change to the rate and subsequently to the rate ratio.

Hospital admissions provide an additional valid and reliable measure of exposure to family and community violence along with other commonly-reported statistics such as self-reported or third-party reports to the police.

What we can gather from these statistics is that, as Dr Bruce Perry has put it in the past, that these children exposed to this violence or complex trauma are 'marinated in fear'. Neurologically their brain gears for survival when exposed to these events rather than the development of other parts of the brain including the ability to the regulate emotion.

Data Gaps

The Annual Crime Statistics up to 2012 contained detailed information about domestic violence statistics. Currently, crime statistics are published in monthly form and by NT regions. There is some identification of the level of domestic related assaults but there certainly isn't as much detail as has previous been published, particularly victim related data.

Key markers for Developmental Hazards

Australia has one of the best National population level indicators of early childhood in the Australian Early Development Census (AEDC) which is based on an Early Development Instrument. The AEDC not only shows the level of early learning experiences the child has been exposed to but it also shows us the developmental hazards those children have experienced and unfortunately Indigenous children are exposed disproportionately.

The AEDC indicates how young Australian children have developed as they start their first year of full-time school. It highlights what is working well and what needs to be improved or developed to support children and their families. As they enter their first year of full-time school, a research 'snapshot' of a child's development is taken when a school teacher completes the Early Development Instrument.

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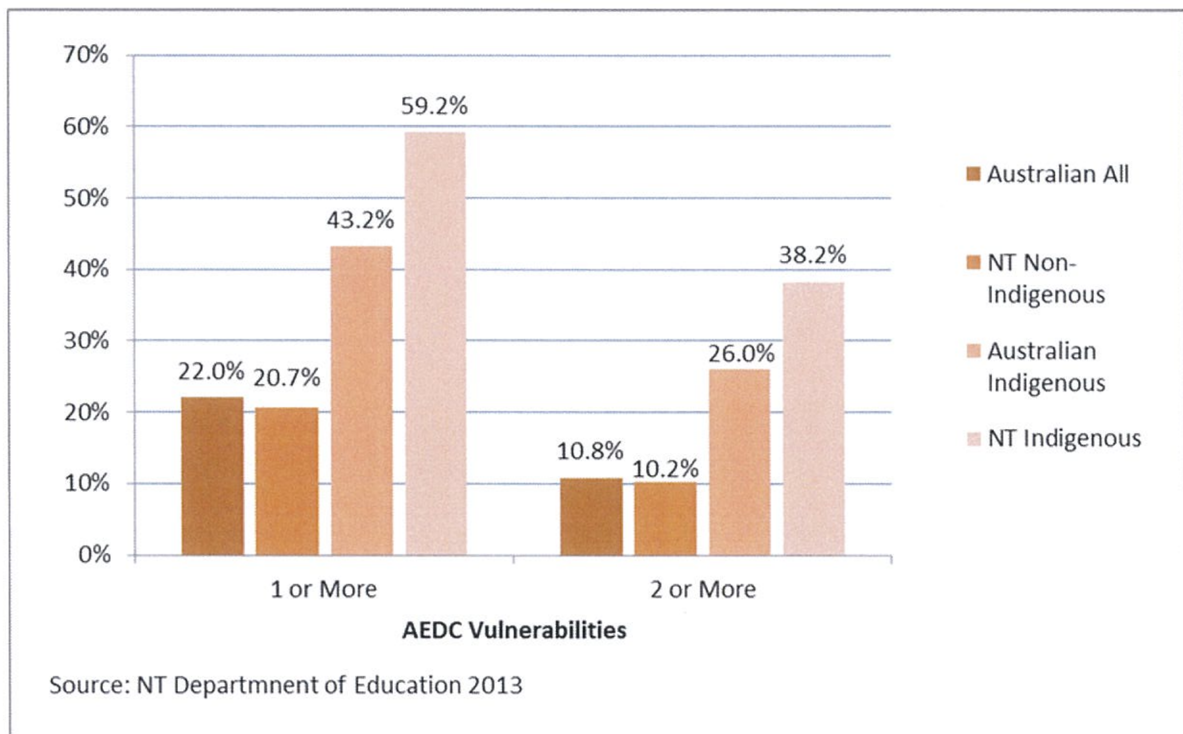
[2] Australian Bureau of Statistics (2009). Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, September 2011, 1991 to 2021 – Series B (made available through specific request), Cat. No. 3238.0, Canberra and Australian Bureau of Statistics (2013). Australian Demographic Statistics, June 2014, 1991 to 2021 – Series B (made available through specific request), Cat. No. 3101.0, Canberra.

The instrument measures five important areas of their early childhood development:

- physical health and wellbeing;
- social competence;
- emotional maturity;
- language and cognitive skills (school-based); and
- communication skills and general knowledge.[3]

The AEDC measures whether these children are developmentally 'On Track' meaning they scored in the highest 75th percentile and whether a child is 'vulnerable' meaning they scored in the lowest 10th percentile in each of the five domains assessed.[4]

Figure 4: 2012 AEDC Results based on vulnerability, NT and Australia by Indigenous Status



As shown in

Figure 4 in Australia just over 20 per cent of all children display vulnerability in one of the domains and about 10 per cent display vulnerability in multiple domains. This figure substantially increases for Indigenous children with just over 40 per cent with one vulnerability and just over a quarter (26%) with two or more vulnerabilities. The percentages for non-Indigenous children in the NT are just below the Australian figures.

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[3] https://education.gov.au/australian-early-development-census accessed on 16 April 2015

[4] http://www.aedc.gov.au/about-the-aedc/data-collection-tool-australian-version-of-the-early-development-instrument accessed on 16 April 2015

The high percentages for Indigenous children living in Northern Territory however are quite stark even compared to other Australian Indigenous children.

In terms of life outcomes, we know that there is a positive correlation between children obtaining a formal education and their life outcomes such as participation in the labour force, smoking status, high risk alcohol use, home ownership, and arrest history.[5] If children are getting to formal education with multiple vulnerabilities, resulting from a lack of early childhood learning or exposure to hazards such as domestic violence, they are already at a distinct disadvantage to their peers. Indeed if they do arrive to school with these vulnerabilities it has been suggested that they would require some form of specialist schooling to keep up their classmates.[6] This not only holds dire consequences for the child but also has significant impact on service delivery in Australia's education systems.

Researchers such as Vincent Felitti have argued that '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.'[7] Felitti's Adverse Childhood Experiences (ACE) Studies identified key adverse childhood experiences as being:

- Household Dysfunction
  1. Substance abuse;
  2. Parental loss separation/divorce;
  3. Mental illness;
  4. Battered mother (domestic violence);
  5. Criminal Behaviour;
- Abuse
  6. Psychological;
  7. Physical;
  8. Sexual;
- Neglect
  9. Emotional; or
  10. Physical.

The results of his longitudinal studies show 'a strong graded relationship between the breadth of exposure to abuse or household dysfunction during childhood and multiple risk

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[5] ABS (2011). Australian Social Trends March 2011: Education and Indigenous wellbeing. Australian Bureau of Statistics, Catalogue 4102.0, Canberra: Commonwealth of Australia.

[6] Silburn, S. R., McKenzie, J. W. & Moss, B. (2010). Northern Territory Results for the Australian Early Development Index 2009. Darwin: Menzies School of Health Research & Northern Territory Department of Education and Training, at page 7.

[7] Felitti, V. & Anda, R. (2010). 'The relationship of adverse childhood experiences to adult medical disease, psychiatric disorders and sexual behaviour: implications for healthcare'. In R. Lanius and C. Pain (Eds), The impact of early life trauma on health and disease: The hidden epidemic, p.86. Cambridge University Press.

factors …in adults' such as alcoholism, teen pregnancy, attempting suicide, and IV drug use.

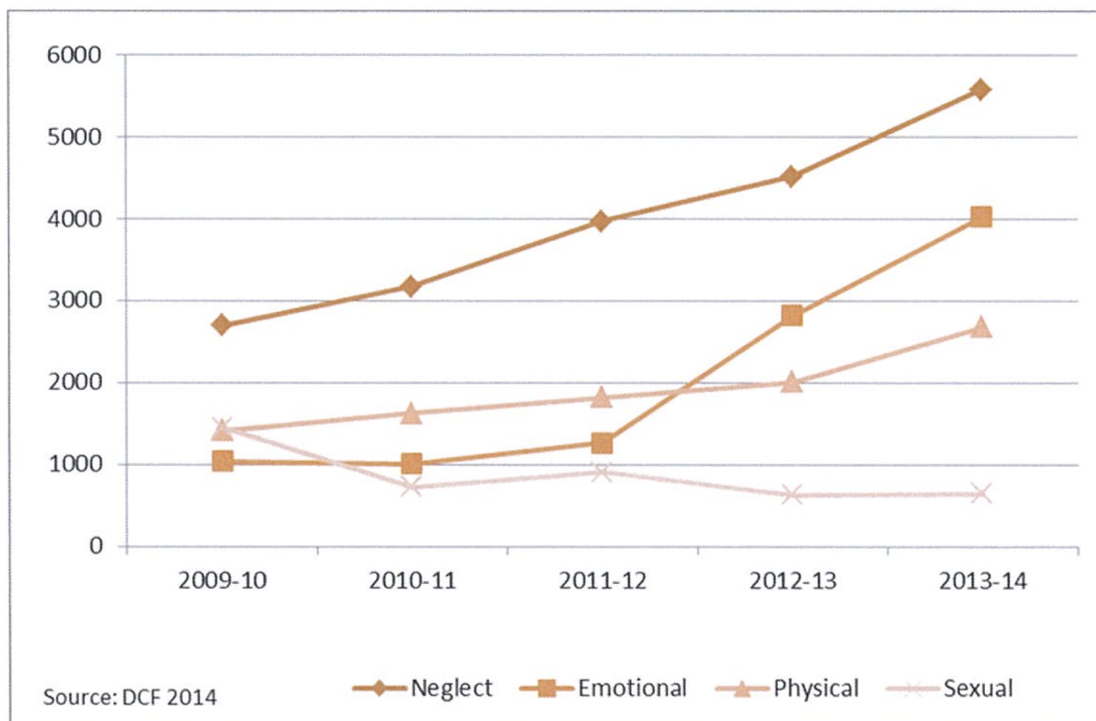
One of those key ACE's identified is the presence of domestic violence in the home, which is logical given all the child trauma impacts this exposure has on the child's development. When examining the AEDC in light of the high incidents of domestic violence, particularly for the exposure of Indigenous children, it would seem that it is contributing factor to the state of the wellbeing picture in the NT.

Child Protection and Domestic Violence

The child protection system and domestic violence are dynamically fused with one another as domestic violence tends to be one of the main precipitators to child protection intervention in Australia and the NT. Child protection systems in Australia tend to define exposure to domestic violence as emotional abuse when categorising harm. As shown in

Figure 5 below, particularly over the past two to three years there has been a substantial increase in emotional abuse notifications made to the NT child protection system (the Department of Children and Families (DCF)). Most of the increases of notifications relate directly to Police enforcing their reporting policy for domestic violence call outs. The strategy referred to as 'Project Respect', aims to reduce domestic and family violence crimes and support victims. Part of that strategy was the enforcement of reporting incidents where children were exposed to these events.

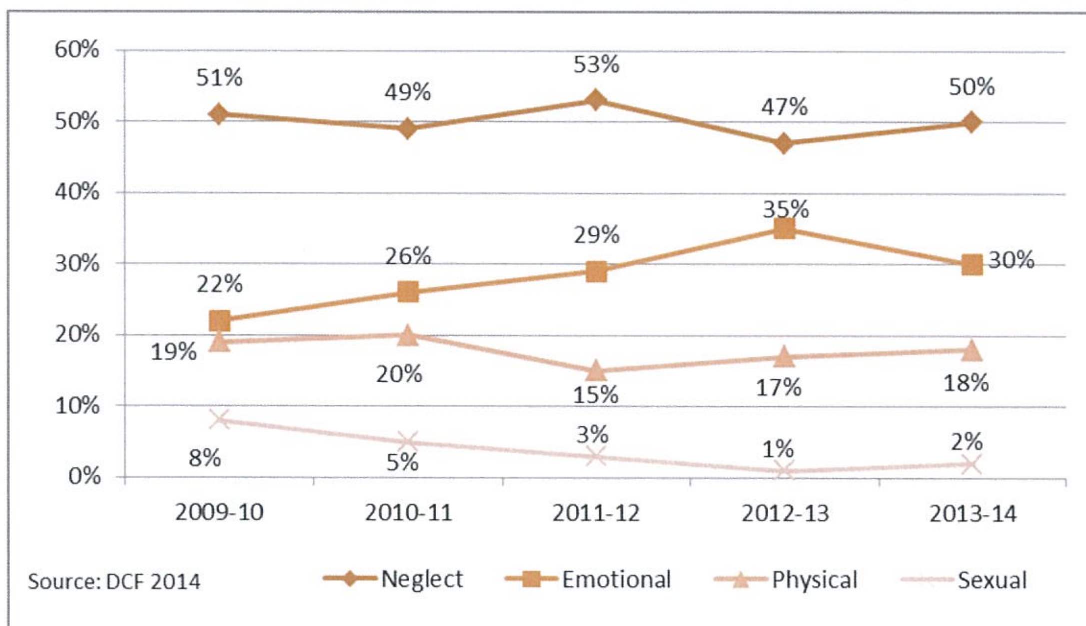
Figure 5: Number of Notifications by Abuse/Neglect Type, 2009-10 to 2013-14



As shown in Figure 6 substantiated notifications, that is those notifications that have been through a child protection investigation process and the harm to the child has been

proven, emotional abuse in the NT is the second highest occurring category (30%) behind neglect.

Figure 6: Substantiations by Type of Abuse/Neglect, 2009-10 to 2013-14 (percentages)



Nationally, emotional abuse is the highest category of harm and sits at 40 per cent.[8] Part of the reason why that isn't the case in the NT is the high prevalence of neglect.

Domestic Violence Strategy and Mandatory Reporting

Since 2009, it has been mandatory for people to report harm that has occurred or is likely to occur resulting from a domestic violence situation in the NT (Section 124A of the *Domestic and Family Violence Act* (NT)). It is my understanding that the NT is the only jurisdiction where there is an obligation on every person to report such incidents to police.

In 2013, an evaluation report was conducted by KPMG on behalf the NT Government regarding the impact of the mandatory reporting requirements. The report was generally positive about the requirements apart from a few caveats. This Office was asked to comment on the report. At the time of commenting on the report it was considered an internal government document and therefore it would be difficult to provide further detail of the contents of the report. DCF at the time had administrative responsibility of the Domestic Violence Unit, this has now been transferred to the Department of Attorney-General and Justice.

In 2014, the NT Government released their strategy on domestic violence titled 'Safety is Everyone's Right' and is attached (**). The strategy purports to align with the' National Plan to Reduce Violence Against Women and their Children 2010-2022'. Further

[8] AIHW (Australian Institute of Health and Welfare) (2014). Child protection Australia 2013-14, Child Welfare series no. 61. Cat. No. CWS 52, Canberra, p.20.

information for the strategy is also available at http://www.domesticviolence.nt.gov.au/. The strategy seems to be sound though there doesn't seem to be any reference to alcohol, which is well known a common element of domestic violence incidents in the NT. It is difficult for this office to gauge the implementation of this strategic policy or its effectiveness in reducing domestic violence.

Please feel free to contact Mr Adam Harwood, Senior Policy Officer on 8999 6065 to discuss this matter.

Yours sincerely

Ms Colleen Gwynne
Children's Commissioner
24 June 2015

(**) Attached NT Government Domestic Violence Strategy 'Safety is Everyone's Right

*AIHW Caveats:

For 2008-09 to 2009-10 data:

(a) Data exclude private hospitals in the Northern Territory, Tasmania and the Australian Capital Territory.

(b) Categories are based on the ICD-10-AM sixth edition (National Centre for Classification of Health 2006).

(c) Financial year reporting.

(d) Data are reported by state/territory of usual residence of the patient hospitalised. Data for NSW, Vic, Qld, WA, SA and the NT are considered to have adequate levels of Indigenous identification, although the level of accuracy varies by jurisdiction and hospital. Data for these six jurisdictions over-represent Indigenous populations in less urbanised and more remote locations. While data for the ACT and Tas are included, they should be interpreted with caution until data quality is established.

(e) Per cent figures are calculated as the proportion of total separations with an external cause.

(f) Directly age-standardised using the Australian 2001 standard population, by 5 year age group to 75+.

(g) Other includes separations for which Indigenous status was unknown or not stated.

Notes:

1 Population estimates are based on the 2006 Census (series B for Indigenous).

2 Care types 7.3, 9 & 10 (Newborn – unqualified days only; organ procurement; hospital boarder) excluded from analysis.

For 2010-11 to 2011-12 data:

(a) Categories are based on the ICD-10-AM sixth edition (National Centre for Classification in Health 2010). Data are for separations with the first reported external cause as 'assault' (ICD-10-AM codes X85-Y09) where the principal diagnosis was Injury and poisoning (S00-T98).

(b) Financial year reporting.

(c) Data are reported by State/territory of usual residence of the patient hospitalised.

(d) Per cent are calculated as the proportion of total separations with an external cause recorded.

(e) Directly age-standardised using the Australian 2001 standard population.

Notes:

1. Population denominators are based on the June 2011 estimates of Aboriginal and Torres Strait Islander Australians (ABS cat. no. 3238.0.55.001).

2. Care types 7.3, 9 and 10(Newborn - unqualified days only, organ procurement, hospital boarder) have been excluded from the analysis.

Safety is Everyone's Right

Northern Territory Government

Our Vision

A Territory that is free from domestic and family violence; where women and children are safe.

Aims of the Strategy

The Northern Territory Government's Strategy aims to increase the safety of victims and their children, reduce rates of intergenerational trauma caused by exposure to domestic and family violence, increase accountability of perpetrators and establish integrated service delivery systems that are sustainable and adaptable.

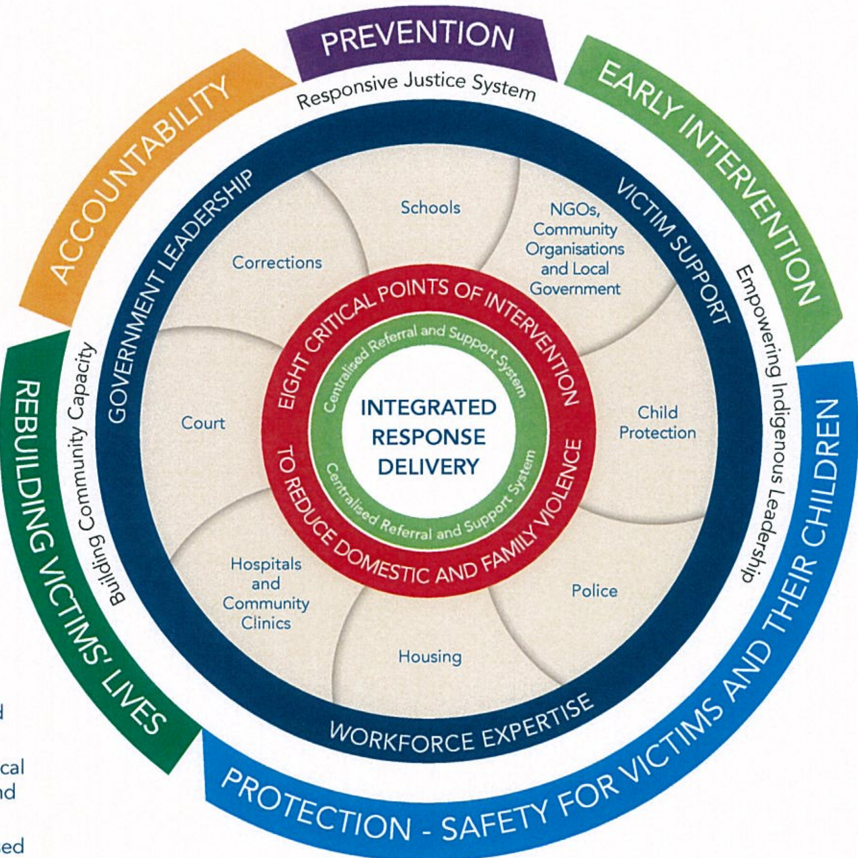
An Integrated Response led by the Northern Territory Government

The key to the Domestic and Family Violence Reduction Strategy is an integrated response that addresses the negative impact of service fragmentation has upon vulnerable persons.

An integrated response will be achieved by mobilising staff across Eight Critical Points of Intervention and ensuring that every contact between a victim and a frontline worker (both in government and NGO services) results in the victim receiving appropriate support and, where needed, a referral to a relevant organisation.

Key Components of the Strategy

- The Domestic Violence Directorate to provide leadership and support
- A centralised referral system – SupportLink – to identify victims and intervene early
- The Family Safety Framework – to protect high risk victims from further harm
- Specialised support services for victims and their children – to protect and help victims rebuild their lives
- A Domestic and Family Violence Prevention Framework
- Indigenous Men's Leadership Grants that prevent, respond and speak out against violence towards women and children
- Building the capacity of front line workers across the Eight Critical Points of Intervention through improved information sharing and domestic violence training
- Ensuring all NT funded perpetrator programs are evidence based and comply with National Standards
- Reviewing all domestic and family violence legislation



For further information contact the Domestic Violence Directorate on ph **8935 7671**.

The Strategy is directly aligned with the 'Framing the Future' blueprint and the 'National Plan to Reduce Violence Against Women and their Children 2010-2022'. The five key areas of action are;

1. Prevention

- Develop an evidence based Prevention Framework for the Northern Territory
- Support Indigenous leaders to drive domestic and family violence prevention
- Build community capacity

2. Early intervention

- Intervene early to prevent violence
- Develop and trial new models to improve and strengthen Police responses
- Improve responses to children exposed to domestic violence, with Indigenous children as a priority

3. Protection – safety for victims

- Enhance the first point of contact for victims
- Build the expertise and capacity of the workforce to identify and respond effectively to domestic and family violence, including sexual assault

4. Rebuilding the lives of victims and their children

- Support and expand specialist domestic violence and sexual assault services to deliver responses that meet needs
- Support culturally responsive services
- Adopt a strengths based approach to rebuilding victims' lives

5. Accountability and positive change for perpetrators

- Reduce recidivism
- Establish mechanisms to improve system accountability
- Develop evidence-based behaviour change programs