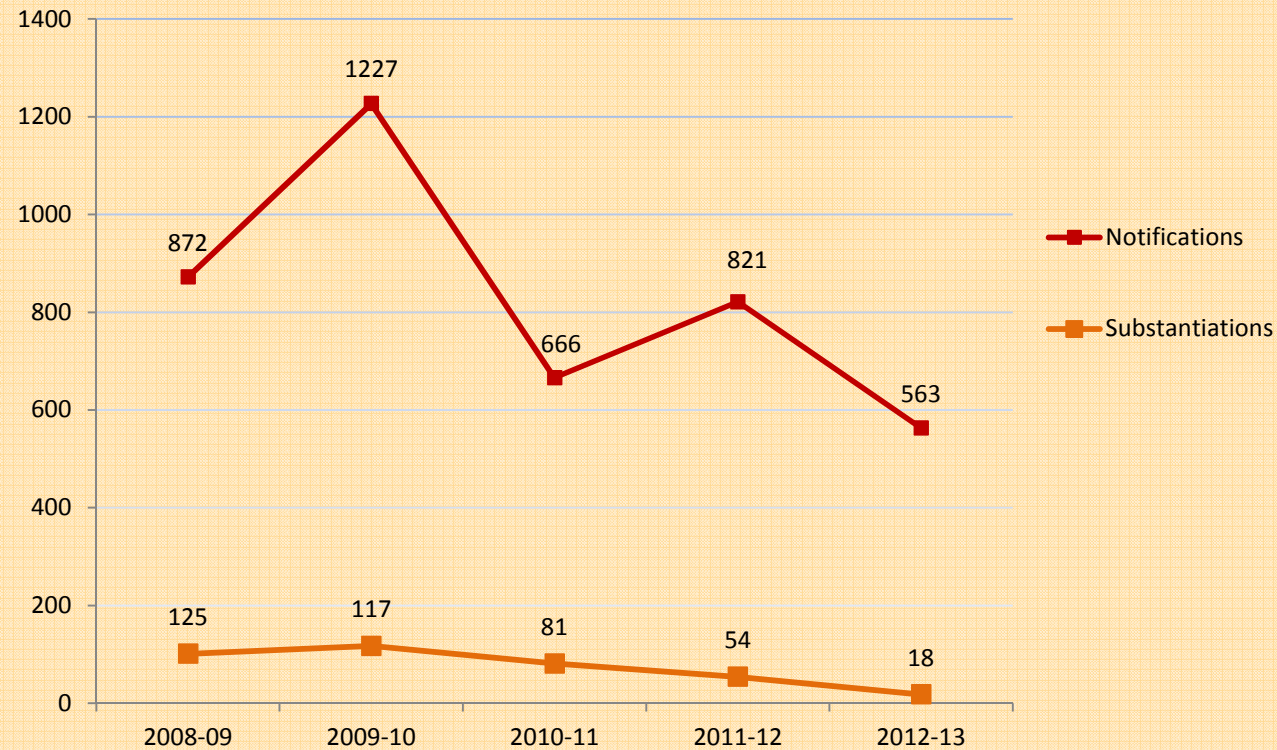




CROSS SECTOR INDUCTION AND ORIENTATION – Alice Springs

27 March 2014

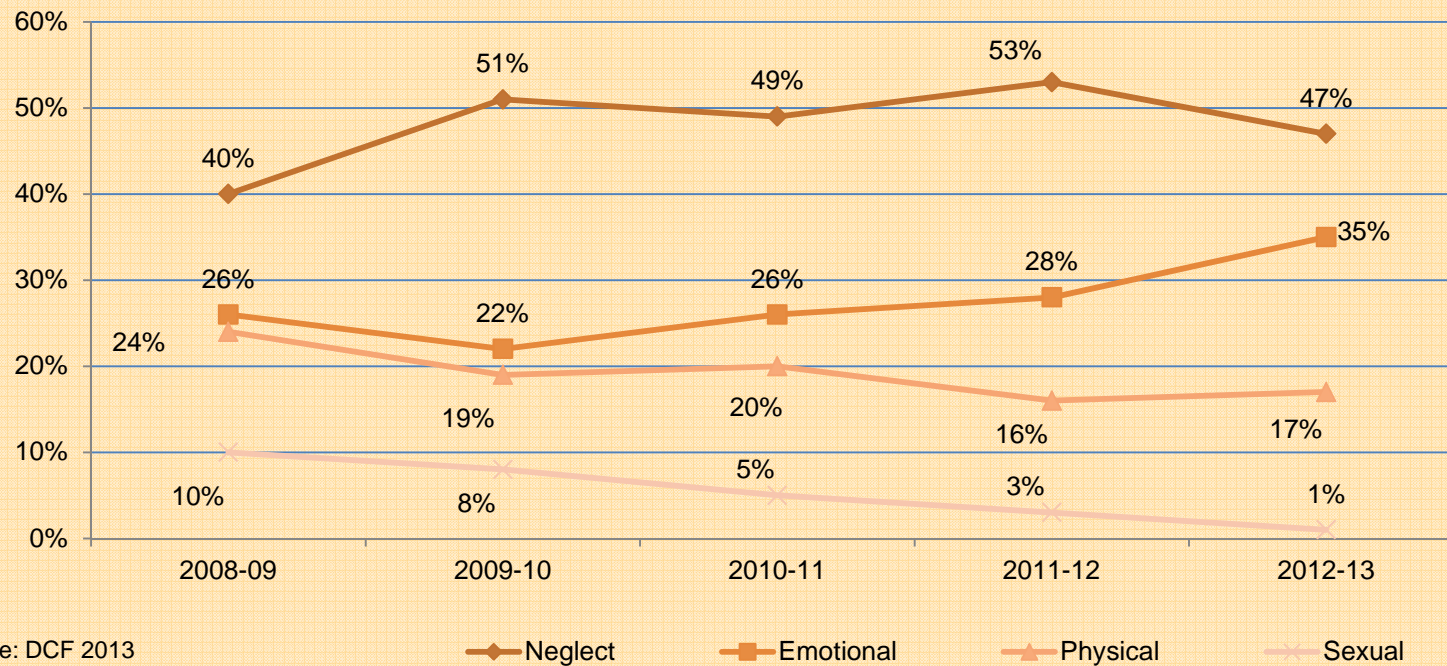
Numbers of NT Sexual Abuse Notifications and Substantiations 2008-09 to 2012-13



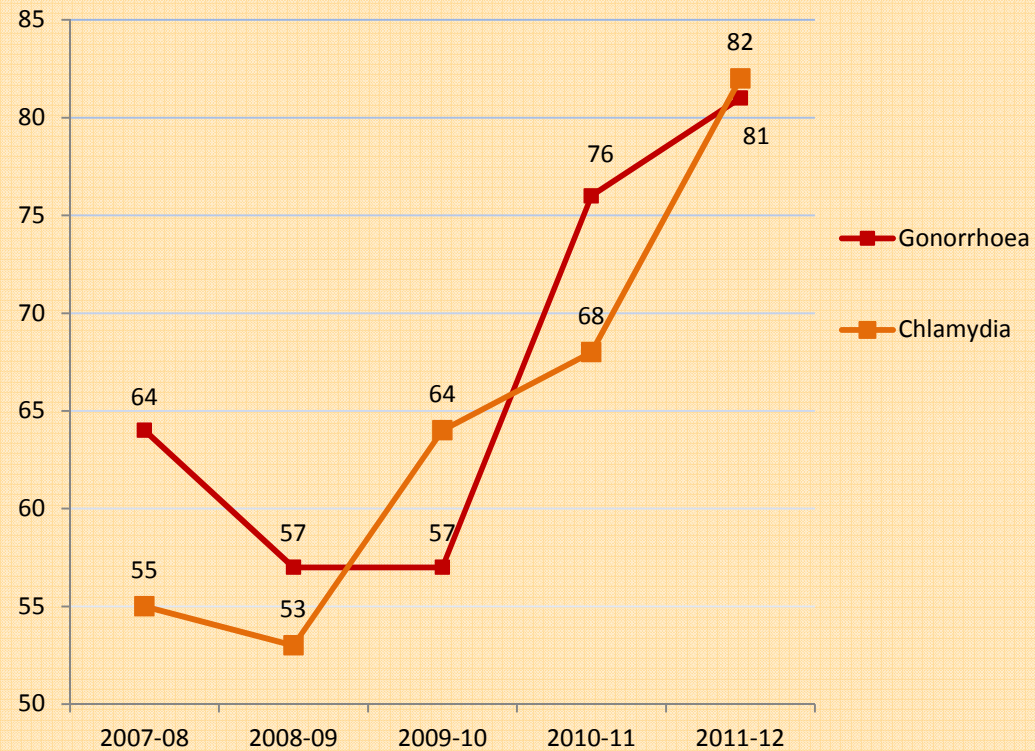
Source: DCF 2013



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



Number of notifications of Gonorrhoea and Chlamydia, 10-14 age group, by year



Source: NT Department of Health - Centre for Disease Control



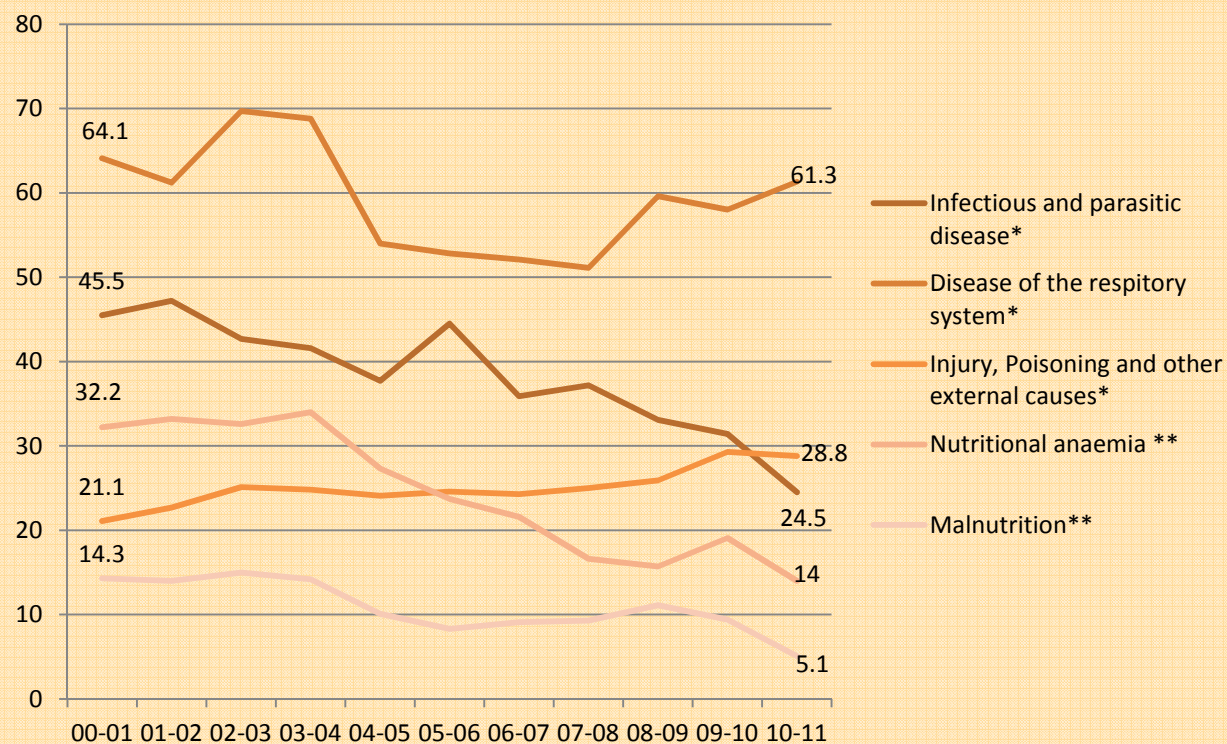
Developmental hazards disproportionally faced by Aboriginal children in the NT



- 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



Hospitalisation rates per 1,000 for Indigenous children by category 2000-01 to 2010-11



Source: CTG NT Monitoring Report (2013)

* Children aged 0-14

**Children aged 0-15



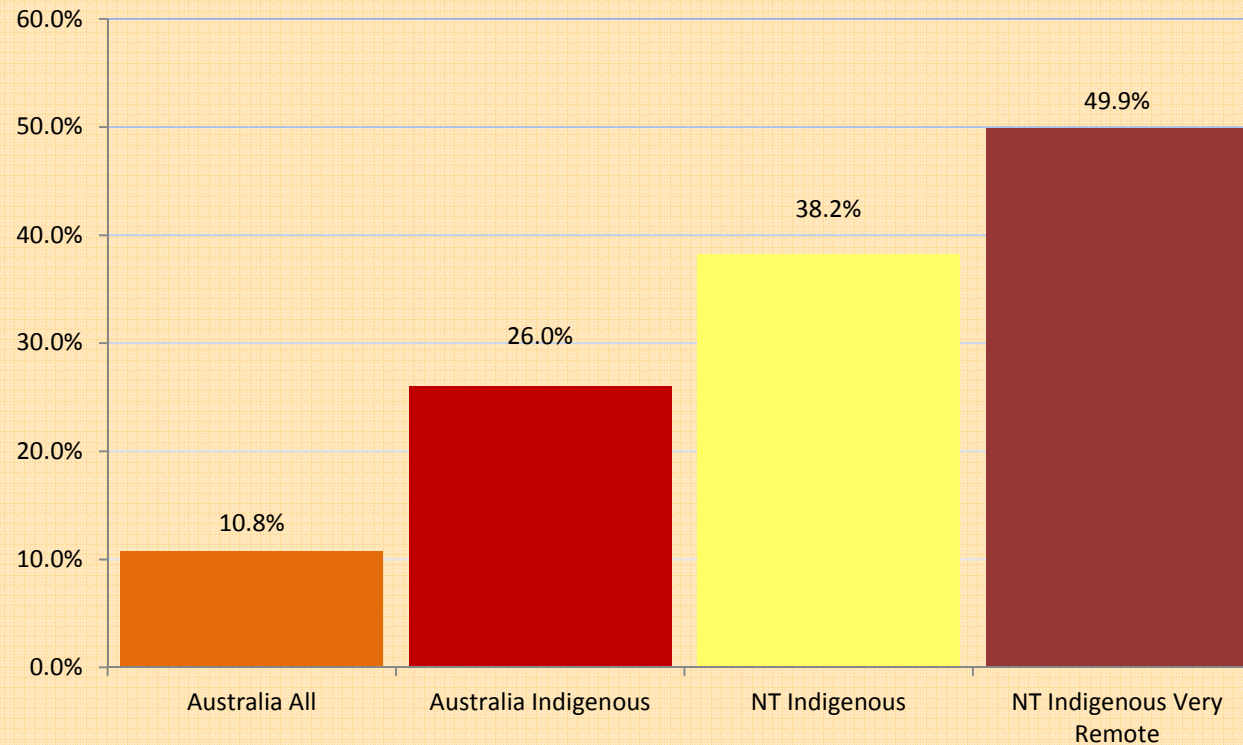
The impact of developmental hazards faced by Aboriginal children in the NT



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



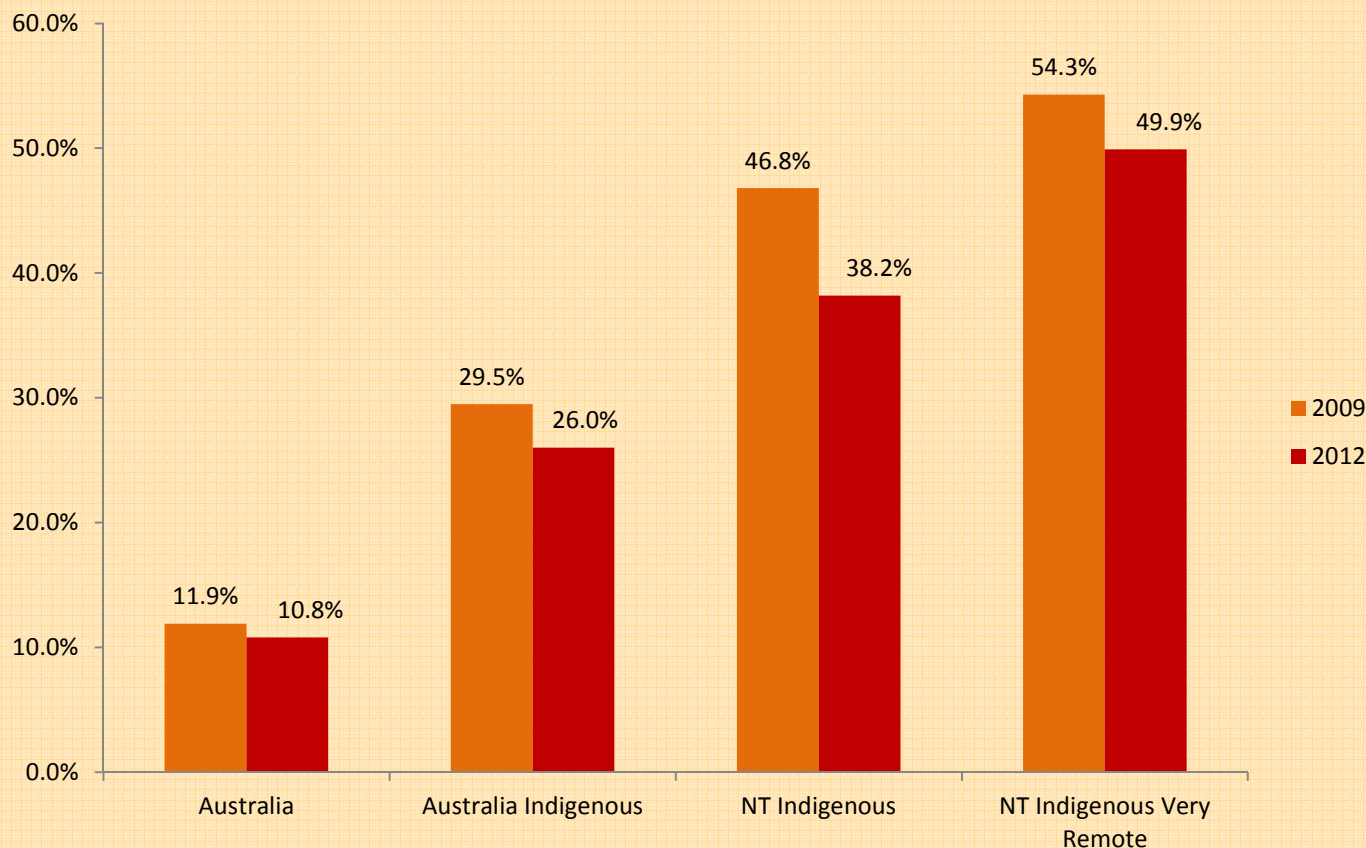
Percentages who are developmentally vulnerable on two or more domains of the AEDI 2012



Source: AEDI (2013)



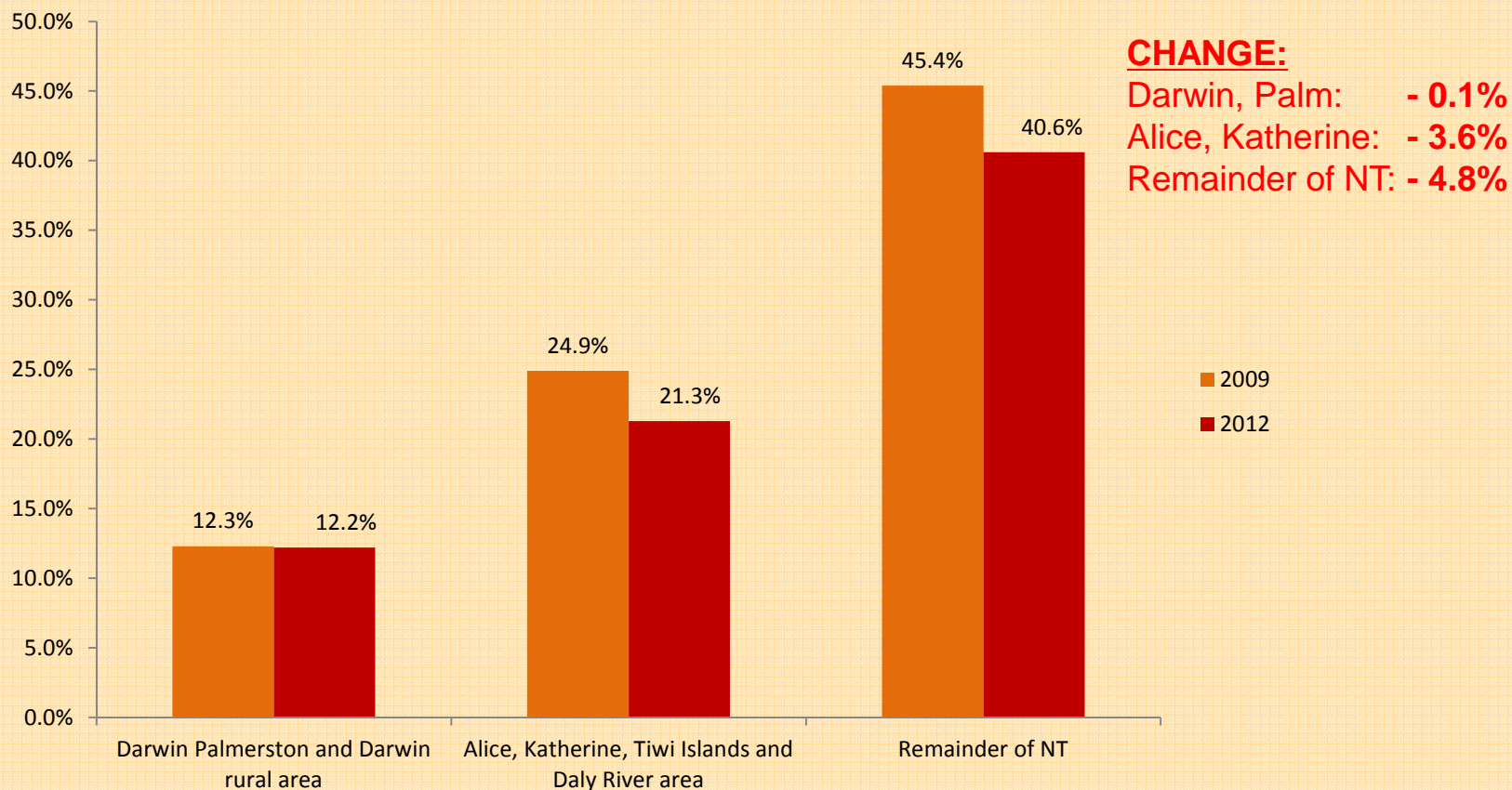
Children who are developmentally vulnerable on two or more domains of the AEDI, 2009 and 2012 (percentages)



Source: AEDI (2010 & 2013)



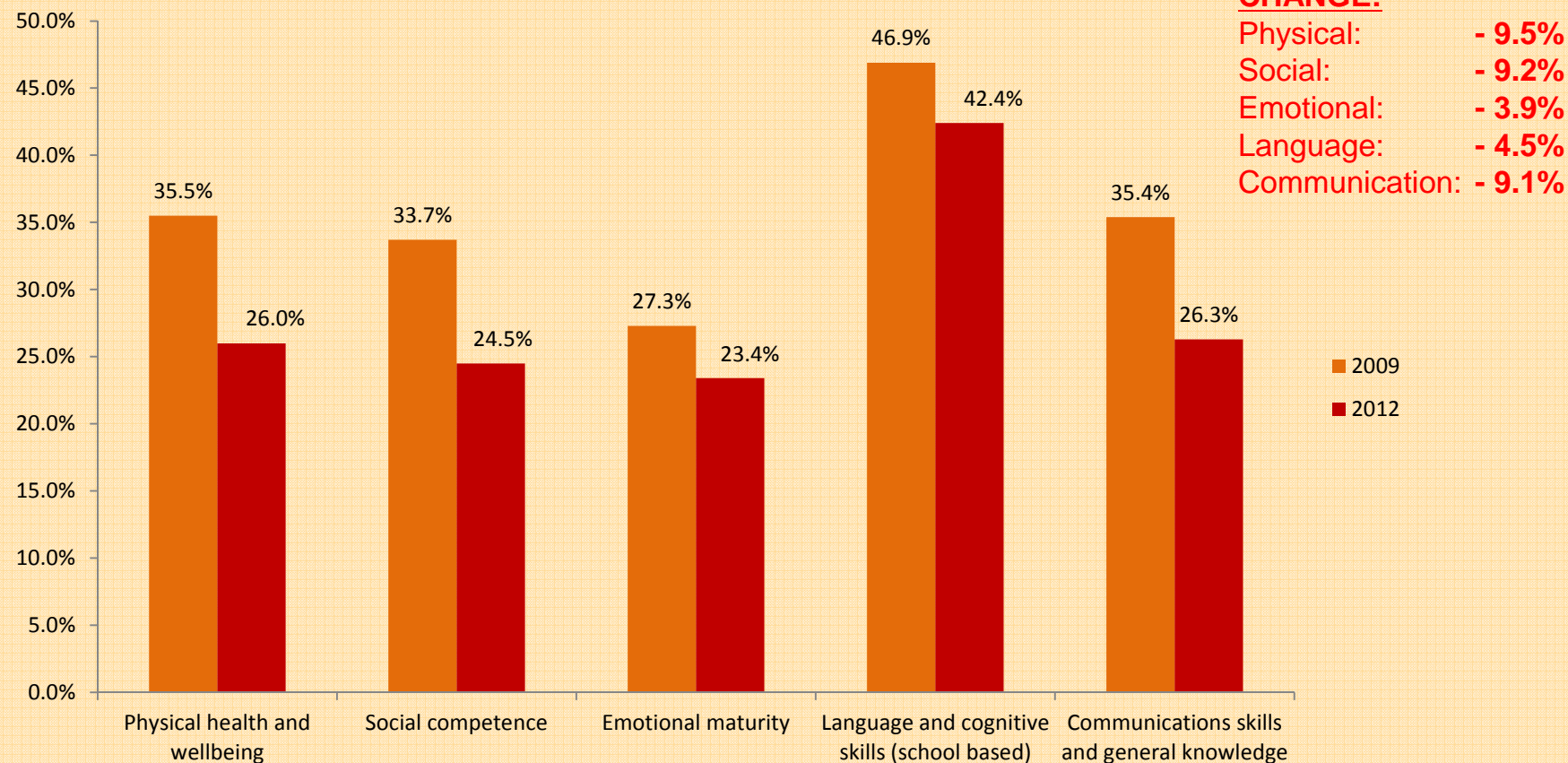
NT Aboriginal children developmentally vulnerable on two or more domains by geolocation of the AEDI, 2009 and 2012 (percentages)



Source: AEDI (2010 & 2013) Adapted from tables provided by DoE



NT Aboriginal children developmentally vulnerable by domains of the AEDI, 2009 and 2012 (percentages)



Source: AEDI (2010 & 2013) Adapted from tables provided by DoE



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

Battered mother

Criminal Behavior

Abuse

Psychological

Physical

Sexual

Neglect

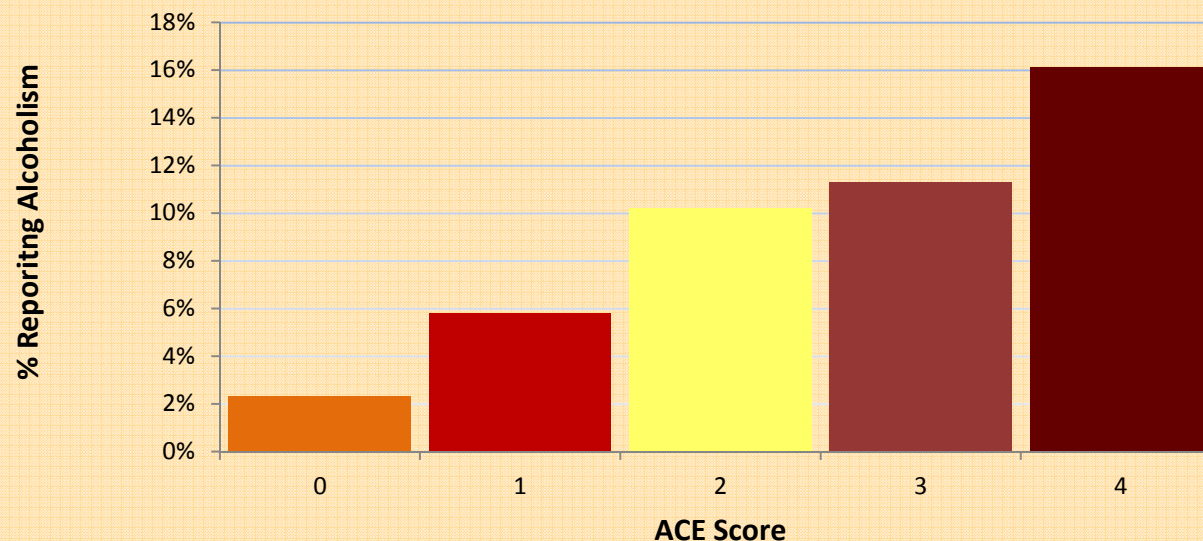
Emotional

Physical



ACE STUDY

DOSE-RESPONSE FINDINGS



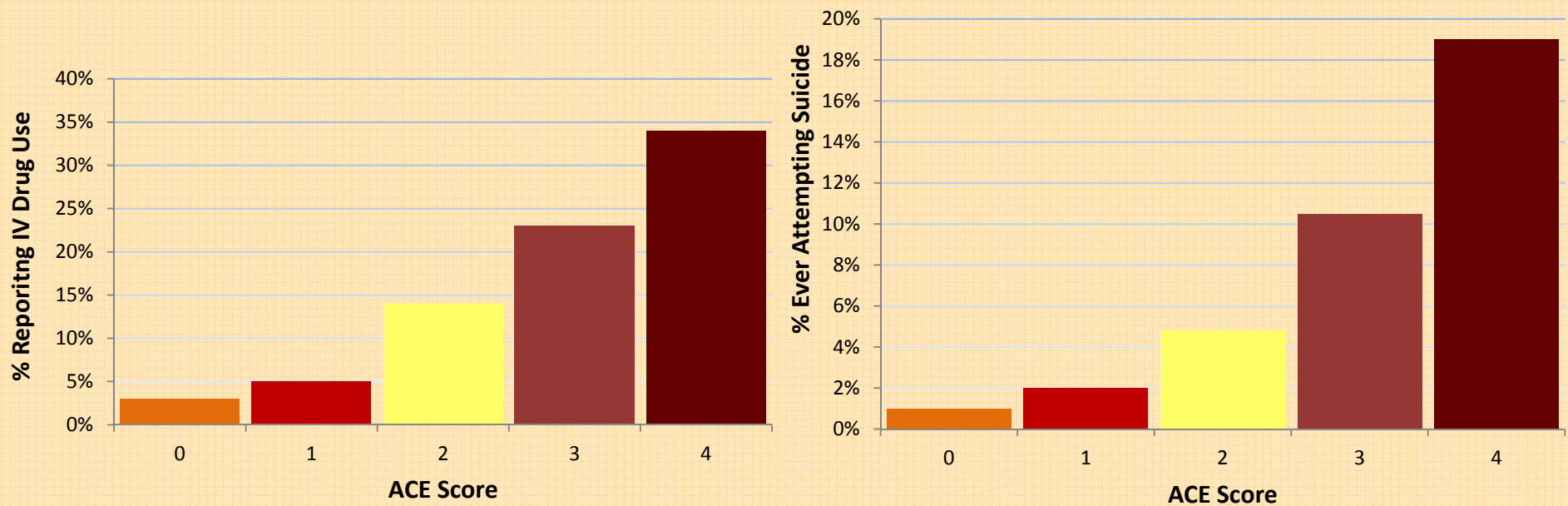
We found a strong graded relationship between the breadth of exposure to abuse or household dysfunction during childhood and multiple risk factors ...in adults

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



ACE STUDY

DOSE-RESPONSE FINDINGS

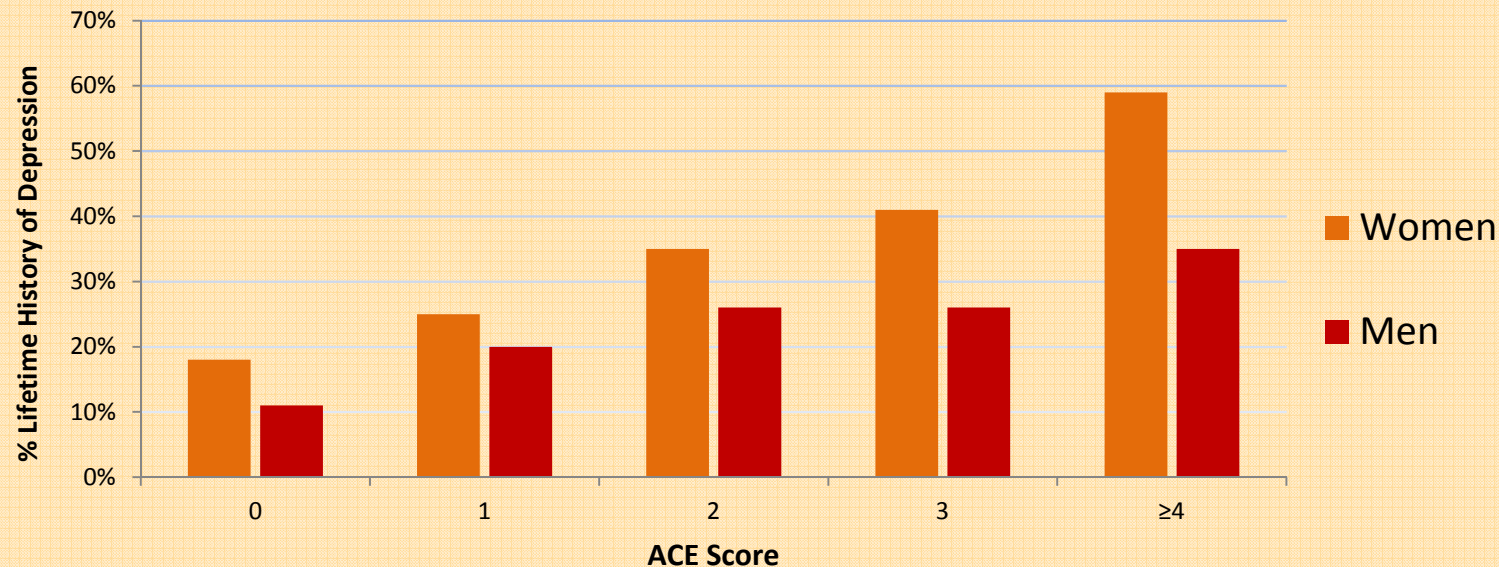


Source: Adapted from Felitti, VJ, Anda, RF et al (1998)



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



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.'

Felitti & Anda, 2010, p. 86.



*Traumatized children reset
their normal level of arousal.
Even when no external
threats exist, they are
in a persistent state
of alarm.*

Bruce Perry



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



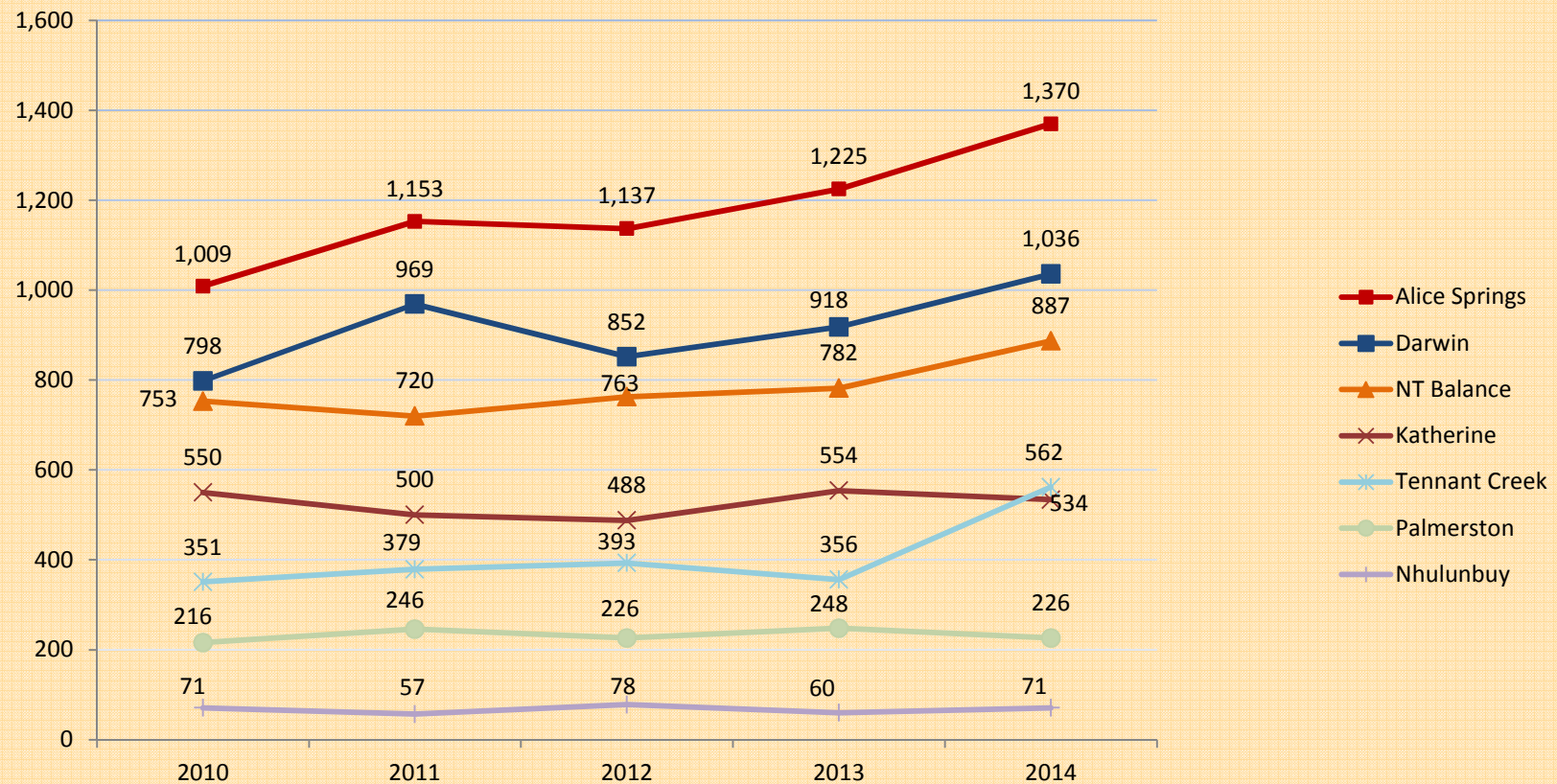
Children exposed to repeated episodes of overwhelming arousal ...may never develop their capacity to self-regulate...

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

Bloom & Farragher 2011, p.108



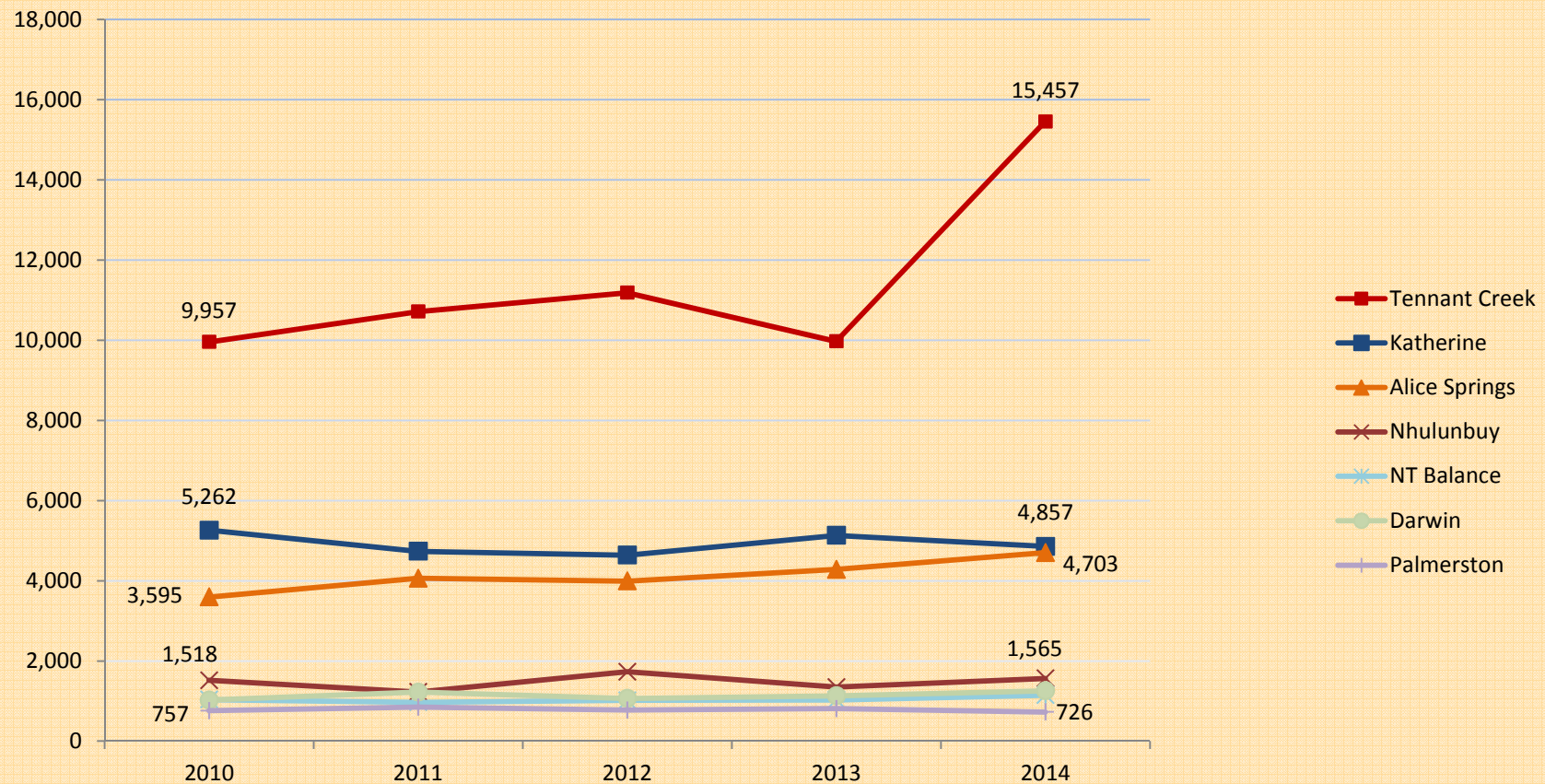
Number of Alcohol Related Assaults by Region, 2010 to 2014.



Source: AGD 2014



Rate per 100,000 of Alcohol Related Assaults by Region, 2010 to 2014.



Source: AGD 2014



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**
- The mothers of NT children are **48 times more likely to be admitted to hospital** for reasons of assault than all Australian women
- 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)



‘advances in neurobiology suggest that socioeconomic disparities in educational achievement could be reduced more effectively by (focusing on interventions that) prevent, reduce, or mitigate the disruptive effects of toxic stress on the developing brain...’

Shonkoff, 2011, p. 982



NT Crime Statistical Regions

