

## AMSANT preliminary submission to the Royal Commission into the protection and detention of children

28 October 2016

### Introduction

AMSANT is the peak body for Aboriginal community controlled health services (ACCHSs) in the Northern Territory. The ACCHSs sector in the NT is comparatively more significant than in other jurisdictions, being the largest provider of Aboriginal primary health care services to Aboriginal people in the NT. Over half of all the episodes of care (53%) and contacts (55%) in the Aboriginal PHC sector in the Northern Territory are provided by ACCHSs. Moreover, ACCHS deliver comprehensive primary health care that incorporates social and emotional wellbeing, mental health and AOD services, family support services and early childhood services, delivered by multi-disciplinary teams within a holistic service model.

An important understanding that AMSANT wishes to provide the Commission is that the most complex health, mental health, substance use, justice and child protection issues within Aboriginal communities throughout Australia can be better understood in the context of historical and transgenerational trauma. There have been significant recent developments in our scientific understanding of how experiences of trauma impact neurobiology, developing minds and bodies and how these impacts are passed on from generation to generation. Systems of care, justice, health and child protection that have been developed for Aboriginal people, but not by Aboriginal people, have a long history of perpetuating and exacerbating traumatic experiences. These systems have, therefore, further contributed to the very issues that they have been funded to prevent or manage. AMSANT proposes that reforming our systems of justice, particularly youth justice, and child protection so that they are trauma informed, culturally informed and effectively working toward recovery and healing is key to meaningful outcomes within these systems.

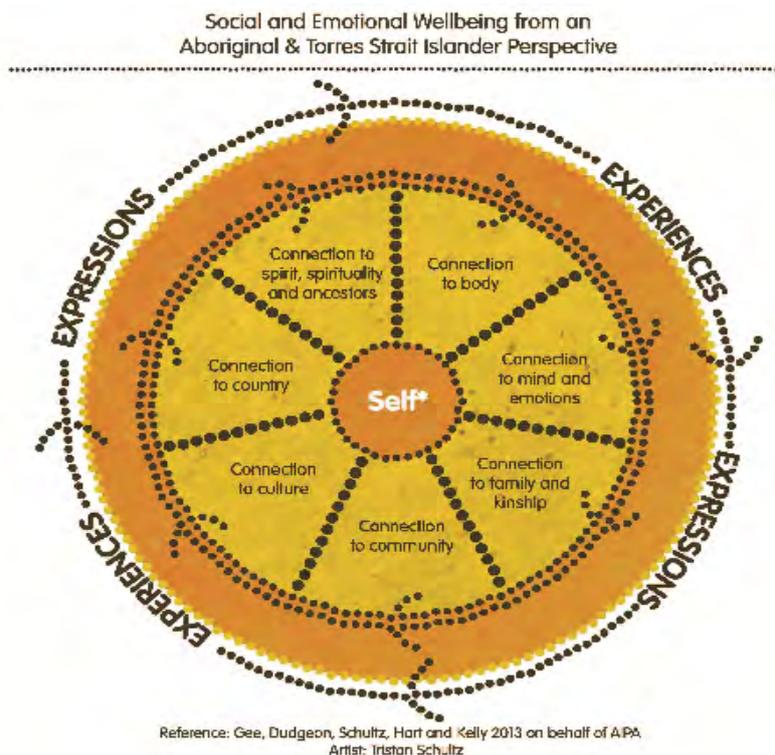
### The need for a trauma informed system within a social and emotional wellbeing framework

The Attorney General's National Taskforce report on Children Exposed to Violence acknowledges that the vast number of children who are caught up within the Juvenile Justice System have been exposed to violence and are living with the trauma of that experience. Three different studies conducted in the US have found that there is a significant link between exposure to violence and becoming detained in the Juvenile Justice System (U.S. Department of Justice, 2012). Also the 2014 Review of the Northern Territory Youth Detention System reports that many young people in the youth justice system come from homes where poverty, alcohol abuse, violence and dysfunctional relationships are the norm (Vita, 2015). It is not surprising that there is a very high percentage of detainees who have witnessed violence within their lifetime.

There is ample evidence of how traumatic experience impacts the developing brain, causing a person to stay activated in their protective mode, believing themselves to be in perpetual danger and causing symptoms such as isolation, aggression, lack of empathy and impulsive behaviour (Perry, 2008). Often children in the Juvenile Justice system may appear to be violent, aggressive, oppositional, unreachable or disturbed. However, science has now been able to confirm that what underlies these behaviours is the grief of a child who has had to live through traumatic

experiences. This child can be feeling powerless, anxious, and depressed (Dierkhising, Ko, & Halladay Goldman, 2013). For this reason, having a system that incorporates punishment as a form of behavioural management will only perpetuate the child’s belief that their world is unsafe, and further compound and escalate complex and violent behaviours. If the emotional and psychological wounds do not get appropriately addressed then there is risk of a lifelong pattern of anger; aggression; self-destructive behaviours; academic and employment failures; and rejection, conflict, and isolation in every key relationship. Thus the cycle of trauma and violence continues (U.S. Department of Justice, 2012).

For these reasons, having a trauma Informed system that sits within a social emotional wellbeing (SEWB) framework would be a positive way forward in redirecting youth away from the justice system, support social and emotional health and aid in community re-entry.



The SEWB framework is a map that identifies distinct domains of connection which influence the health and wellbeing of individuals, families and community.

The term ‘connection’ refers to the diverse ways in which people experience and express these various domains of SEWB throughout their lives. These domains are:

- connections to body, mind and emotions;
- family and kinship;
- community;
- culture;
- land; and
- spirituality.

These domains are contextual to surrounding environment or situation and will be experienced and expressed differently according to the circumstances (Gee, Schultz, Hart, & Kelly, 2014).

This framework is a guide that holistically supports decision making. It maps out how to think about a problem (disruption to an area of connection) with how we address the problem and what we hope to accomplish through our actions (Sullivan, 2012).

Within the Juvenile Justice system the incorporation of the SEWB framework into programs such as behaviour management, diversion, reintegration back into community, and operational procedures provides a conceptual context that helps programs and procedures to define and communicate what they do and why they do it. At the same time it provides the context within which every staff member can continually examine his or her own accountability.

Part of SEWB is understanding the stories of connection and/or disconnection. Knowing how disruption can happen within the domains of SEWB and what underpins these disruptions will lead us to becoming 'Trauma Informed'.

The principles of Trauma Informed varies across organisations. AMSANT has identified 8 core principles that capture the broader concepts of being Trauma Informed. These are:

1. Understand trauma and its impacts;
2. Create environments in which families and social groups feel physically, emotionally and spiritually safe
3. Provide culturally competent staff - staff respect specific cultural backgrounds including reflection of self as a cultural bearer;
4. Empower and support clients' control;
5. Share power and governance including individuals and families in the design and delivery of programs;
6. Integrate and coordinate care to holistically meet the needs of individuals;
7. Support relationship building as a means of promoting healing; and
8. Enable recovery.

By following these principles and integrating knowledge about trauma into policies, procedures and practices, the justice system will be actively delivering a service that applies reinvestment towards health and wellbeing, positive behaviour, community re-entry/collaboration as well as diversion from criminal behaviour. The application of Trauma Informed Care provides the process that maintains the connections of SEWB.

## Priority areas

AMSANT believes that all systems of care, protection, health and justice for young people must be developed from a strong foundation of trauma informed principles and trauma specific ways of working. In keeping with these principles:

1. The minimum age for placing a young person in detention needs to be raised to 12 in accordance with international law and agreements.
2. Creating therapeutic rehabilitation and treatment or healing centres for young people (12 to 18) who need to be detained. Outcomes for young people and communities will improve if the culture of youth justice is shifted from punitive to therapeutic. Wherever possible these should be run by Aboriginal community controlled organisations. This therapeutic approach should address all issues including violence, AOD, sexual offending etc.
3. Social and Emotional Wellbeing services for Aboriginal communities, families, young people and children are most effective when managed, developed and implemented under local Aboriginal

leadership. Social and emotional wellbeing services must be appropriately resourced and staffed to manage the varying levels of need and complexity within our communities. For example, for some young people and their families, intensive case management and culturally appropriate psychotherapeutic services will be required.

4. Resourcing for primary and secondary schools in the NT to develop individual learning plans for students that take account of their special needs and identify and link with family support and therapeutic services as needed. This should be coordinated with ACCHSs' SEWB services where they exist.
5. Evidence based early childhood programs need to be universally available for all disadvantaged families, including nurse home visitation and early childhood development centres utilising the Abecedarian approach.
6. Out of Home Care delivered by Aboriginal community controlled organisations in each region, with responsibility for recruiting, training and supporting kinship and foster carers and supporting all placements of children. Regional Aboriginal Controlled Child Care Support Services to provide a training and support service and centre of excellence.
7. Family Group Conferencing and Aboriginal Family decision-making should be reinstated so that kinship care is given absolute priority In accordance with the Aboriginal placement principle.
8. The Office of the Children's Commissioner needs to be strengthened through the appointment of an Aboriginal Children's Commissioner.
9. Specialist and therapeutic courts need to be (re)-established, most importantly a specialist AOD court.
10. Assessment of children picked up by police.
11. Pre-sentencing Youth diversionary programs including education and jobs, cultural enrichment programs and accommodation/family support and the same supports and programs incorporated into community based orders so that incarceration can be used only when really necessary.
12. Culturally appropriate community-based rehabilitation should be provided wherever possible. There is a lack of culturally appropriate trauma informed therapeutic counselling services for children and young people and a lack of secondary services (including child and adolescent psychiatric services). There are also areas lacking in general youth work services.
13. SEWB services integrated into Aboriginal primary health care (preferably community controlled) has now been recognised as best practice by the Mental Health Commission. SEWB services in PHC should provide services to children and young people supported by specialist services such as child and adolescent psychiatrists.
14. Lack of youth services in the NT, particularly in remote areas.
15. Develop Aboriginal workforce and a culturally competent and trained non-Aboriginal workforce.

## References

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