

**ROYAL AUSTRALASIAN COLLEGE OF SURGEONS**

---



**SUBMISSION**

**ROYAL COMMISSION INTO THE PROTECTION AND DETENTION OF CHILDREN  
IN THE NORTHERN TERRITORY**

**Date**

**4 November 2016**

The Royal Australasian College of Surgeons (RACS) provides the following submission for the consideration of the *Royal Commission into the Protection and Detention of Children in the Northern Territory*. RACS supports the goals of the Royal Commission to evaluate the oversight and management of juvenile detention in the Northern Territory and to make recommendations to guide systemic reform.

The Royal Australasian College of Surgeons (RACS) is the leading advocate for surgical standards, professionalism and surgical education in Australia and New Zealand. RACS is a not-for-profit organisation that represents more than 7000 surgeons and 1300 surgical trainees and international medical graduates across New Zealand and Australia. It also supports healthcare and surgical education in the Asia-Pacific region and is a substantial funder of surgical research.

### Recommendations

The impact of ear disease and hearing loss on Aboriginal and Torres Strait Islanders in the justice system is of great concern to RACS.

RACS recommends that the following key actions be considered by the Royal Commission:

- Recognition of potential hearing impairment and/or hearing loss among Aboriginal and Torres Strait Islander children involved in the justice system
- Training for police/custodial/prison officers in the detection and management of hearing impairment and hearing loss in Aboriginal and Torres Strait Islander children
- Allocation of resources for audiology testing and medical treatment for children involved in the justice system

### Impact of Hearing Loss

RACS affirms submissions already made to the Royal Commission regarding widespread hearing deficits and deafness present in Aboriginal and Torres Strait Islander juvenile prisoners.<sup>1</sup> In cases where an individual suffers from a hearing impairment their ability to receive and understand instructions and information can be severely restricted. Parliamentary Privilege

Aboriginal and Torres Strait Islander children have a much higher incidence of middle ear disease and associated hearing loss throughout infancy and childhood than non-Aboriginal children.<sup>3</sup> Acute otitis media (AOM) is a common middle ear infection affecting 1 in 10 Australian children each year, particularly children younger than 4 years of age.<sup>4</sup> Otitis media with effusion (also known as glue ear or OME) or chronic suppurative otitis media (also known as runny ear or CSOM) are persistent and/or recurring infections that, if untreated, can cause long-term hearing loss. Among remote Aboriginal and Torres Strait Communities AOM is widespread (more than 90%), with associated chronic ear disease and hearing loss also prevalent.<sup>5</sup>

Conditions such as AOM, OME and CSOM can lead to delayed language development, poor auditory perception and communication, and interpersonal problems in young children. Poor auditory perception impacts significantly on a child's ability to learn, resulting in children leaving school early, often illiterate.<sup>6</sup> Ongoing hearing impairment greatly affects Aboriginal and Torres Strait Islander children's ability to participate in the education system and leads to increased absenteeism, illiteracy and other negative psychosocial outcomes.<sup>7</sup>

Studies into the prevalence of hearing impairment amongst detainees in correctional facilities have identified that most have significant hearing loss.<sup>8</sup> Parliamentary Privilege

Parliamentary Privilege .<sup>9</sup> Additionally, children with hearing loss are known to be more vulnerable to being victims of abuse, and children and young people who have been abused or neglected are at greater risk of engaging in criminal activity and entering the youth justice system.<sup>10</sup>

Parliamentary Privilege

In encouraging change, collaboration between health and justice services is required. Improved information sharing services and comprehensive management plans would assist health practitioners to recognise individuals who are at risk. Such coordination should also provide opportunities for specialist ENT referral and provisions for medical treatment where necessary.<sup>11</sup>

### Prevention & Early Intervention

RACS strongly believes that preventative and early intervention healthcare measures are essential to addressing hearing impairment. Importantly, more effective outcomes have been recognised where health services seek to address the social determinants of ear health and provide training for families and schools in prevention and treatment. In conjunction with this it is imperative that greater and more coordinated access is provided to auditory screening, general practitioner services and specialist treatment.<sup>12</sup>

The experience of detainees within detention facilities has been shown to be a significant indicator for future behaviour and the likelihood of reoffending. RACS argues for increased resources to be directed to the healthcare of detainees. The focus of this healthcare should be diagnosis and appropriate treatment for the individual. In the case of hearing impairment, the provision of audiology services and referral for specialist treatment provides an opportunity to restore hearing.

This fact was also highlighted Parliamentary Privilege

.<sup>13</sup>

RACS believes that appropriate and adequate training to detect hearing impairment is important for those working within the justice system. This training should aim to provide guidance on the key indicators associated with hearing loss, its effects on cognition and strategies to address hearing deficits. The use of strategies at a personal and institutional level has been shown to be of great benefit to those with hearing impairment. The application of culturally appropriate communication strategies, including use of interpreters, can play a crucial role in detainees understanding of directions and has the ability to reduce instances of miscommunication and failure to meet expectations.<sup>14</sup>

Improved support for healthcare services in detention facilities may provide a unique opportunity to build trust between individuals, communities and the system. Providing support for individuals to receive treatment could prove crucial in supporting the rehabilitation of the offender and breaking the cycle of reoffending.

## Conclusion

RACS believes that increasing access to health and audiology services across states and territories can both prevent offending and provide those in detention with much-needed services to improve their hearing. The role that hearing difficulties can play in non-participation of Aboriginal and Torres Strait Islanders in the education system and subsequent criminal offending is rarely highlighted. Through recognition of this critical problem we can begin to address this issue with improved training for healthcare workers, law enforcement officials and teachers, more research into the extent of the issue, and greater access and coordination of specialist health services.

The following RACS Fellows are available to appear before the Royal Commission to further discuss this submission and answer associated questions.

**Dr Hemi Patel FRACS** is a consultant in Otolaryngology and Director of the Otolaryngology, Head and Neck Surgery Department at Royal Darwin Hospital. He regularly visits remote Indigenous communities in the North Territory and has been doing so for the past nine years. He is highly respected in the ENT community.

**Associate Professor Kelvin Kong FRACS** is from the Worimi people of Port Stephens, north of Newcastle, NSW, Australia. He completed his Bachelor of Medicine, Bachelor of Surgery at the University of NSW in 1999 and has also been privileged in serving the rural community as part of secondments to peripheral hospitals. Kelvin now practices in Newcastle as a qualified Surgeon specializing in Paediatric & Adult Otolaryngology, Head & Neck Surgery (Ear, Nose & Throat Surgery). He is the former Chair of the RACS Indigenous Health Committee.

**Associate Professor Christopher (Chris) Perry OAM FRACS** has been a consultant in Otolaryngology since 1987. He has held Consultant positions in head and neck cancer surgery at both the Royal Brisbane (until 1991) and the Princess Alexandra Hospital (since 1991). Chris is the ENT founder of the awarded Deadly Ears program for Indigenous health and has been a consultant in paediatric otolaryngology at the Royal Children's Hospital, in Brisbane, since 1987. Chris is currently serving as the President of the Australian Society of Otolaryngology, Head and Neck Surgery.

## References

<sup>1</sup> Marks L, Daly N. ABC News. Experts scathing of 'widespread' hearing loss in NT youth detention; 2016 Oct 15. Available from: <http://www.abc.net.au/news/2016-10-15/indgenous-hearing-loss-scathing-review-juvenile-detention/7935186>

<sup>2</sup> Parliamentary Privilege

<sup>3</sup> Burns J, Thomson N. *Review of ear health and hearing among Indigenous Australians*. Healthinonet (2013). Available from: <http://www.healthinonet.edu.au/other-health-conditions/ear/reviews/our-review>

<sup>4</sup> "Ear infection (acute otitis media)" *NPS Medicinewise*. Available from: <http://www.nps.org.au/conditions/ear-nose-mouth-and-throat-disorders/ear-nose-and-throat-infections/ear-infection-middle>

<sup>5</sup> Closing the Gap Clearinghouse (AIHW & AIFS) 2014. Ear disease in Aboriginal and Torres Strait Islander children. Resource sheet no. 35. Produced by the Closing the Gap Clearinghouse. Canberra: Australian Institute of Health and Welfare & Melbourne: Australian Institute of Family Studies.

<sup>6</sup> Burns J, Thomson N. *Review of ear health and hearing among Indigenous Australians*. Healthinonet (2013) Available from: <http://www.healthinonet.edu.au/other-health-conditions/ear/reviews/our-review>

<sup>7</sup> Hogan A, et al. Psychosocial Outcomes of Children with Ear Infections and Hearing Problems: A Longitudinal Study. *BMC Pediatrics* 14 (2014): 65. PMC. Web. 25 July 2016. Available at: <http://www.ncbi.nlm.nih.gov/pubmed/24593675>

Leach AJ, Wigger C, Beissbarth J, Woltring D, Andrews R, Chatfield MD, Smith-Vaughan H, Morris PS. General health, otitis media, nasopharyngeal carriage and middle ear microbiology in northern territory aboriginal children vaccinated during

consecutive periods of 10-valent or 13-valent pneumococcal conjugate vaccines. *International Journal of Pediatric Otorhinolaryngology*. 2016 Jul; 86:224–32.

<sup>8</sup> Department of Education and Training “Deadly Kids-Deadly Futures” *State of Queensland* (2016).

<http://www.childrens.health.qld.gov.au/wp-content/uploads/2016/02/deadly-kids-futures-fw.pdf>

<sup>9</sup> Howard D, et al. Aboriginal Hearing Loss and the Criminal Justice System. *Aboriginal Law Bulletin*: 3 (65) (1993): 58. Available at: [https://njca.com.au/wp-](https://njca.com.au/wp-content/uploads/documents/Indigenous%20Justice%20Committee/Papers/Links/Criminal%20Justice%20article.pdf)

[content/uploads/documents/Indigenous%20Justice%20Committee/Papers/Links/Criminal%20Justice%20article.pdf](https://njca.com.au/wp-content/uploads/documents/Indigenous%20Justice%20Committee/Papers/Links/Criminal%20Justice%20article.pdf)

Vanderpoll T, Howard D. Massive prevalence of hearing loss among aboriginal inmates in the northern territory. *Indigenous Law Bulletin*: January/February 2012. 7 (28). <http://www.austlii.edu.au/au/journals/IndigLawB/2012/1.pdf>

### Parliamentary Privilege

---

<sup>10</sup> Young people in child protection and under youth justice supervision 2014–15. Canberra: Australian Institute of Health and Welfare; 2016. Data linkage series no. 22. Cat. no. CSI 24.

<sup>11</sup> Krieg AS, Guthrie JA, Levy MH, Segal L. ‘Good kid, mad system’: The role for health in reforming justice for vulnerable communities. *The Medical Journal of Australia*. 2016 Mar 21; 204(5):177–9.

<sup>12</sup> Bailie C, et al. Determinants and gaps in preventive care delivery for indigenous Australians: A cross-sectional analysis. *Frontiers in Public Health*. 2016 Mar 10; 4.

### <sup>13</sup> Parliamentary Privilege

---

<sup>14</sup> Vanderpoll T, Howard D. Massive prevalence of hearing loss among aboriginal inmates in the northern territory. *Indigenous Law Bulletin*: January/February 2012. 7 (28). <http://www.austlii.edu.au/au/journals/IndigLawB/2012/1.pdf>